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# Faulty Femininity

By

Kristin Mary Gleason

A thesis submitted in partial fulfillment of the requirements for the degree of

Master of Fine Arts

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# Faulty Femininity

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## Artist Statement

"There has been since the earliest written record, a tendency for [doctors] to explain emotional and hysterical behavior in women as related to the female reproductive tract."

-Ehrenreich, John, *The Cultural Crisis of Modern Medicine*.

"The term hysterectomy [...] has been a part of the medical vocabulary for generations. Although the uterus has nothing to do with hysteria, the term hysterectomy persists. Its persistence is significant because accuracy should dictate substitution of the word uterectomy."

-Taylor, E. Stuart, *Essentials of Gynecology*.

Modern medicine persists with a Victorian perspective towards women's health and especially the female reproductive system. Although doctors no longer treat disorders of the uterus with "bleeding" by leeches, burning the affected skin or starvation, treatments today are still relatively crude. Compared to state-of-the-art health programs like the human genome project, the use of fiber optics and laser technology in laparoscopic surgery, automatic multiphasic health testing, and other less invasive medical treatments, many women's health care programs retain their archaic dependence on socially constructed views of the feminine. While doctors can perform intricate endoscopic surgery on an unborn fetus, the mother's medical problems (especially, though not exclusively, as related to her reproductive tract) are often solved through the complete removal of her reproductive organs, a castration that would be deemed barbaric if similarly performed on the opposite sex. Certainly something is awry, as more and more women are calling for a re-examination of Western medicine, and a renewed concentration on the treatment of the whole patient, rather than the collection of symptoms.

Perhaps art can heal where medicine has failed. What is the relationship between art, medicine and information dissemination? My art is not only therapeutic; it also involves the process of healing and investigates my own methods of coping and restoring life to "normal." All of my pieces display an enduring, resistant, obsessive behavior. My current work is autobiographical in content. I examine my personal experience with a disease called endometriosis, which I was diagnosed with at age twenty. The symptoms of endometriosis, (pain, chronic fatigue, irregular bleeding and infertility), occur because the lining of the uterus —the endometrium — grows outside of the womb. There are many treatments for endometriosis, including: hormone therapy, laparoscopic surgery, hysterectomy, dietary and other holistic approaches, but no definitive cure.

For several years now I have grappled with themes of wound healing, women's medical issues and the masquerade women often perform to cope with their medical and personal histories. In recent work, I addressed decoration, disguise, touch, skin and identity through the use of allegory, metaphor and humor. I used surrogates of food, fruit and flowers as metaphors for the body, and re-dressed them in feathers to expose the futility of living through a mask. I continue to explore the masquerade investigating my experience with healing by leaving the metaphors behind and turning instead to my own body and projecting, quite literally, myself into the work.

"The best time to teach people about their health may not be when they are most sick, though sometimes this may be the only course... if only doctors and patients could communicate better..."

-Roberts, Helen, *The Patient Patients: Women and their Doctors*.

## Part I: Introduction

I once imagined a scanning machine that could screen for diseases. Similar to an airport security gate, the scanning machine would look inside each passing person and generate a sheet diagnosing the specific ailments of that person and recommend treatment options. My scanning machine would demystify medicine by making the deepest of our troubles visible, and therefore, fixable. It would also eliminate the need for most doctors' visits, blood tests and procedures, and revolutionize preventative medicine. I believe such a scanning machine will exist in the not-too-distant future, as advances in medicine such as the human genome project and automatic multiphasic health testing are already shining light on the dark and unknown areas of the human body. As an artist, I often consider my frustrations about medicine, especially that it does not know what to do with me. My troubles are not always visible, easily diagnosed, or treatable. With a scanning machine, I imagined that my frustrations with modern medicine would disappear, replaced by a confidence in definite, visible knowledge.

Medicine has a long and complex history. Like the living organisms it treated, medicine grew over time, sometimes with severe backlashes to antiquated methodologies and techniques. Nowhere were the theories of medicine more socially dictated than in the topic of women's health, a subject that has provided ample inspiration for my own artwork. The topic of reproduction, it's process hidden within the woman's body, fascinated medical doctors and scientists, and "it was an accepted notion in medical literature from the ancient Greeks until the late eighteenth century that male and female bodies were structurally similar. Women have the same genitals as man, except that



theirs are inside the body, not out of it.”<sup>1</sup> Since they could not visualize the inner female genitalia – due to an ancient taboo on surgery and autopsy – doctors believed the uterus was the shape of an inverted penis, while “anatomists believed that the generative organs of fetuses of both sexes were the same, but that the natural coldness of the female hindered their organs from being thrust forward as they were in the male, who was naturally warm.”<sup>2</sup> Medieval anatomists perpetuated the notion by postulating that the act of coitus involved a “lock and key” anatomy, an evolution of a biological theory suggesting that females “avoid having their eggs fertilized by males of other species by evolving a complicated genitalia that permits insemination only by the corresponding genitalia of males of their own species. The male has the key to fit the female’s lock.”<sup>3</sup>

From the second century AD to 1800, menstruation - a positive act - provided a shedding, health-maintaining renewal of the body and spirit. Men performed parallel deeds to renew their body. The 1800’s brought views that women and men were fundamentally different. As no male equivalent existed for the process of menstruation, it was seen as pathological. “Functions that for the first time were seen as uniquely female, without analogue in males”<sup>4</sup> were negative and taboo. In fact, the origin of the word *taboo* comes from a Polynesian word for menstruation.<sup>5</sup> The pain and emotional

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<sup>1</sup> Martin, Emily. *The Woman in the Body: A Cultural Analysis of Reproduction*. Boston: Beacon Press, 1992.

<sup>2</sup> Dixon, Laurinda S. *Perilous Chastity: Women and Illness in Pre-Enlightenment Art and Medicine*. Ithica: Cornell University Press, 1995.

<sup>3</sup> Gilman, Sander L. *Disease and Reproduction: Images of Illness from Madness to AIDS*. Ithica: Cornell University Press, 1988

<sup>4</sup> Martin, Emily. *The Woman in the Body: A Cultural Analysis of Reproduction*. Boston: Beacon Press, 1992.

<sup>5</sup> Dally, Ann. *Women under the Knife: A History of Surgery*. New York: Routledge, 1991.

distress often accompanying menstruation constituted the negative impact of menstruation on the body, and “blood was only the outward expression and result”<sup>6</sup> of it.

Contemporary medical texts reflect such an attitude, as they describe menstruation in negative terms, where the cells die, degenerate and decline, causing the shedding of the lining of the uterus and the process of menstruation. Menstruation is a *wasteful* process. Yet the production of the male zygote is defined in positive terms that stress the *sheer magnitude* of sperm production, even though *most* will die, as only one in one hundred billion sperm will fertilize an egg. In her book, *The Woman in the Body: A Cultural Analysis of Reproduction*, Emily Martin admits that perhaps menstruation can best be described in more negative terms. She argues that if this is the case, similar processes should receive parallel treatments. For example, the lining of the stomach must periodically regenerate and dispose of old cells due to the high concentration of acids in the stomach that aid digestion. However, the same medical texts describe such a shedding in positive terms of renewal and regeneration. Why is there an unequal treatment of scientific descriptions of the reproductive systems of females and males, and what does that say about our society? I am interested in exploring these discrepancies, their development in the history of women’s medicine and their implications for contemporary health. My artwork attempts to bring issues like this to light and explore the ramifications of unequal treatment.

If, for instance, a woman chooses to be infertile, if she practices birth control and does not wish to become pregnant, isn’t menstruation the desired result?

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<sup>6</sup> Dixon, Laurinda S. *Perilous Chastity: Women and Illness in Pre-Enlightenment Art and Medicine*. New York: Cornell University Press, 1995.

In the Victorian era, powerful taboos existed around menstruation. Menstruation was pathological – a vile sign of women’s evilness. Menstruation was not connected to ovulation until 1831. Prior to 1831, menstruation was thought to be controlled by the cycles of the moon. Interestingly, the origin of the word lunatic comes from the “scientific” belief that the moon could cause insanity, especially in women.<sup>7</sup> In the 19<sup>th</sup> century, Dr. Joseph Meigs compared human menstruation to monkeys and deduced that since monkeys rarely menstruate in nature, human female physiology is unnatural. He perpetuated the belief that women should not delay pregnancy, and that it would be dangerous to their health to stay chaste.

Why is a biological process perceived as unnatural, negative and taboo? Part of the problem lies with the fact that allopathic (traditional, Western) medicine – developed as a male enterprise – focusing on *conquering* disease, *production*, and *cures*. When the female processes are viewed in terms of production, “menstruation must necessarily be viewed as a failure.”<sup>8</sup> Feminists argue that a change in medical perspective will allow menstruation to be viewed more positively. Instead of focusing on production, the female body should be seen as fascinatingly flexible: it “undergoes dramatic adjustments to pregnancy, ovulation and cessation of ovulation, creating the perfect exemplar for a new modal concept: the flexibly adjusting, constantly changing body.”<sup>9</sup>

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<sup>7</sup> Dixon, Laurinda S. *Perilous Chastity: Women and Illness in Pre-Enlightenment Art and Medicine*. Ithica: Cornell University Press, 1995.

<sup>8</sup> Martin, Emily. *The Woman in the Body: A Cultural Analysis of Reproduction*. Boston: Beacon Press, 1992.

<sup>9</sup> Martin, Emily. *The Woman in the Body: A Cultural Analysis of Reproduction*. Boston: Beacon Press, 1992.



I am particularly interested in one theory regarding the female reproductive system. The wandering womb theory, popular from ancient times through the Victorian era, postulated that the womb was free to wander within a woman's body without her knowledge or control. Like a separate and uncontrollable animal, it roamed freely, and was the cause of most women's medical problems. If, for instance, a woman had a headache, her womb had wandered into her skull and the added pressure on her brain caused the headache pain. Surprisingly, although the theory has since been debunked, it continues to exert control over the medical community and remnants of the theory continue to haunt contemporary medical practice. Women were both defined and controlled by their reproductive organs, and the uterus was a primitive, uncontrollable animal. The womb, when left on its own would wander the body, exerting pressure on other organs and causing such varied symptoms as stomachaches, indigestion, backaches, etc.

The Ebers Papyrus (1550 BC – Egyptian) was the first to describe the wandering womb theory, and suggested a form of aromatherapy as a cure. Foul smells at the nose (burnt hair, extinguished candles, burnt wool, skin, rags and squashed bed bugs) would drive the womb back to the nether regions. Another treatment included applying leeches to the cervix for bleeding (a treatment that was extremely popular in the 1830's), despite the fact that they occasionally got "lost" in the uterus (a very painful side effect). Leeches were used in many other specialties of medicine, and were applied to men and women, although similar accounts of placing leeches on male genitalia do not exist. Leeches applied to the breasts were also a cure for the wandering womb, as a "deep

sympathy (exists) between the sexual organs.”<sup>10</sup> Caustic chemicals, like silver nitrate and potassium, applied to the cervix would stop the wandering womb, as would the traditional “cure” of sex and pregnancy. When the female womb was satiated and otherwise occupied it did not wander the body. Physicians in the 17<sup>th</sup> century often scolded parents for delaying the marriage of their daughters, “who like cats and dogs must be provided for in season, to prevent many diseases.”<sup>11</sup> In addition to marrying young, “upper-class women were further advised to maintain a constant state of pregnancy so that the womb would be occupied at all times with its biological function,”<sup>12</sup> and therefore would not wander the body. It is in the best interest of the male that his female partner(s) produce offspring as often as possible, increasing his genes’ recurrence in the population’s gene pool. The wandering womb theory was used as a method of social control. By citing medicine’s scientific “proof” that women were healthiest while pregnant, male doctors encouraged a belief that ultimately benefited male society more than it women it was imposed upon. Pre-modern medicine’s lack of understanding of antiseptic procedures and used of archaic birthing technologies made childbirth a hazardous and often fatal condition. From a modern standpoint, it seems obvious that the process of childbirth was most definitely more hazardous than remaining chaste, so science and medicine invented a convincing reason for the perils of chastity – the wandering womb syndrome.

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<sup>10</sup> Ehrenreich, Barbara and English, Deirdre. *Complaints and Disorders: The Sexual Politics of Sickness*, 1978.

<sup>11</sup> Dixon, Laurinda S. *Perilous Chastity: Women and Illness in Pre-Enlightenment Art and Medicine*. Ithica: Cornell University Press, 1995.

<sup>12</sup> Dixon, Laurinda S. *Perilous Chastity: Women and Illness in Pre-Enlightenment Art and Medicine*. Ithica: Cornell University Press, 1995.



Love in marriage was not necessary in Victorian and pre-Victorian societies, but it was essential that women married, both for their health and the status quo. In addition to the unsatiated womb, lack of love could also be seen as a cause for the wandering womb or *furor uterinus*. The subject of a woman's sick-room was popular in Pre-Enlightenment art. With doctors examining urine sample, taking her pulse and bloodletting, "the conspicuous erotic references in paintings of female sick rooms reinforce the ancient link between sex and illness in women."<sup>13</sup> Erotic symbolism, gestures, the appearance of cupid, the subject's prone posture all referenced sex, and as the subject of the paintings were "sick women," sickness in women and sex became visually inextricably linked.

Extreme cases of the wandering womb warranted hysterectomy or clitorrectomy, even at times when gynecological surgery was risky and dangerous.

"Late 19<sup>th</sup> century medical treatment of women made very little sense as medicine, but it was undoubtedly effective at keeping certain women in their place."<sup>14</sup>

The wandering womb theory has ramifications today, as women are often told that hysterectomies are the only solution to their health care problems. In 1994, 556,000 American women had hysterectomies, giving the United States the highest rate in the industrialized world. One third of American women will have a hysterectomy by age sixty. Studies have shown that anywhere from 10 – 90% of the hysterectomies were unnecessary. Contrary to popular belief, only 8 – 12% of hysterectomies performed treated cancer. Why all the unnecessary surgeries? In fact, "over the last thirty years,

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<sup>13</sup> Dixon, Laurinda S. *Perilous Chastity: Women and Illness in Pre-Enlightenment Art and Medicine*. Ithica: Cornell University Press, 1995.

<sup>14</sup> Driefus, Claudia. *Seizing our Bodies*. New York: Vintage Books, 1978.

hysterectomy has come to be regarded by many gynecologists as a simple solution for everything from backaches to contraception,”<sup>15</sup> a holdover from ancient solutions to the wandering womb. I am frustrated by the prescription of such a radical treatment, especially when other non-invasive or less traumatic options exist. For example, in my thesis work, the video, *Cut Lines*, shows purple surgical markers draw dashed lines across an abdomen until they are unreadable, referencing Western medicine’s emphasis on repeated surgical treatments. Also, like Victorian doctors, although the wandering womb syndrome has disappeared, current physicians are still inclined to blame the uterus for unrelated problems.

Historically, gynecological surgeries were only performed in dire situations. Without anesthetic or antiseptic procedures, surgical patients often died from shock or infection. It was not until the 19<sup>th</sup> century that gynecological surgery gained a foothold in the rapidly expanding medical profession. In 1809, Dr. Ephriam McDowell paved the way for hysterectomy and oophorectomy (removal of the ovaries) when he successfully removed a twenty-two pound ovarian cyst from a woman previously diagnosed as pregnant. When Dr. James Marion Sims began experimenting with fistulas in the 1850’s, gynecological surgery came into its own. In the 1870’s “gynecologists, following Meig’s-style logic [Dr. Charles Meigs], began to practice the surgical treatment of the psychological disorders of women [...] They cited women as a major source of society’s ills [...] Women were still being castrated (ovaries removed) for psychological disorders as late as 1946.”<sup>16</sup> Today, “there is increased questioning of gynecological processes and of the motives of some gynecologists. Gynecology has become part of the dispute

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<sup>15</sup> Driefus, Claudia. *Seizing our Bodies*. New York: Vintage Books, 1978.

<sup>16</sup> Driefus, Claudia. *Seizing our Bodies*. New York: Vintage Books, 1978.

between women and the medical profession. Many women have become suspicious, some after unfortunate personal experiences.”<sup>17</sup>

Debunking the theory of the wandering womb happened gradually over time, as such a deeply ingrained, socially dictated disease did not disappear overnight. Working independently in the late 16<sup>th</sup> century, Johann Weyer and Edward Jorden revised the medical opinion of women, and although they still agreed with the wandering womb, they claimed it was due to organic/natural causes. Jorden believed in uterine causes of hysteria, but for the first time, linked hysteria to the brain. In his opinion, the uterus gave off “noxious vapors that affect the brain.”<sup>18</sup> He recommended cures that dealt with the mind as well, including lessening the emotional stress the patient experienced. Thomas Willis (1621-1675) did autopsies of women who had *furor uterinus*, and found that the uterus had not moved. He found that “the womb is of so small bulk in virgins and widows, and so strictly tied by neighboring parts round about, that it can not of itself be moved or ascend from its place.”<sup>19</sup> Because his work attempted to shatter a tightly held medical paradigm, it was not immediately accepted.

“Foucault has shown that the institution of pathological anatomy entailed a shift in focus from symptoms to organs, sites and causes. With the rise of physiology later in the [19<sup>th</sup>] century, the body was reconfigured as a system, a network of functions taking place across organs and sites.”<sup>20</sup>

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<sup>17</sup> Dally, Ann. *Women under the Knife: A History of Surgery*. New York: Routledge, 1991.

<sup>18</sup> Dixon, Laurinda S. *Perilous Chastity: Women and Illness in Pre-Enlightenment Art and Medicine*. Ithica: Cornell University Press, 1995.

<sup>19</sup> Dixon, Laurinda S. *Perilous Chastity: Women and Illness in Pre-Enlightenment Art and Medicine*. Ithica: Cornell University Press, 1995

<sup>20</sup> Cartwright, Lisa. *Screening the Body: Tracing Medicine's Visual Culture*. Minneapolis: University of Minnesota Press, 1995.



The wandering womb theory has not totally disappeared from medical vocabulary. With new surgical, autopsy, and imaging technologies, it became increasingly clear to the 20<sup>th</sup> century medical community that the uterus could not physically move about within a woman's body. New emphasis on organ and cell theory also backed the debunking. But old ideas die hard, and medicine came up with a new disease on which to blame women's physical inferiority. It's called Endometriosis.

Endometriosis, which affects ninety million women worldwide, occurs when the lining of a woman's uterus (the endometrium) grows outside of the womb. Endometrial cells escape the womb and wander around the body, attaching to various organs. Science has advanced far enough to realize that organs cannot move, but cells still roam around. The endometrial cells create cysts, benign tumors and scar tissue on the ovaries, fallopian tubes, small bowel, rectum, or cervix, and have even been found on the lungs, heart and brain. Like the normal cells in the endometrium, these cells respond to estrogen in the body, and shed each month, causing internal bleeding. The bleeding has been known to cause pain, chronic fatigue, vomiting, fever, tenderness, and infertility. The scar tissue in early stages appears clear, white, yellow, blue or red, but in late stages of the disease turns black as excess blood accumulates.

There are a variety of theories on the cause of endometriosis. Some researchers argue that retrograde menstruation (menstrual fluid moving up into the reproductive organs instead of out of the body) causes endometriosis. Other researchers argue a hereditary/genetic approach, as endometriosis tends to run in families. Some scientists believe endometriosis is a congenital condition present at birth, that some endometrial cells never made it to the uterus while the fetus developed, and therefore remain dormant

until puberty. Studies have also linked dioxin (a pesticide) and other environmental toxins to endometriosis. Some scientists try to link mental disorders (like bipolar affective) to endometriosis and chronic pelvic pain, continuing the false assumption that women's physical illnesses often have psychological roots.

Endometriosis, although believed to have existed since the beginning of mankind, was first described in medical literature in 1826. It was named by Dr. John Sampson in 1925. Relatively few scholarly studies have been done since, as endometriosis – although it affects many people – is not fatal. I am personally interested in endometriosis and its links to the wandering womb as I was diagnosed with the disease at age twenty.

Contemporary diagnosis of endometriosis is not accomplished through routine tests or procedures. Currently, the only way to definitively diagnose a woman with endometriosis is to view her reproductive organs through laparoscopic surgery. Two small incisions are made in the abdomen, and the surgeon uses a laparoscope (often outfitted with a laser for removal of lesions) and a light source to find the endometrial tissue. Once identified, it can be removed with the laser. Unfortunately, “studies show that the average women with endometriosis goes to about five doctors before a diagnosis is made, because many other medical conditions, such as irritable bowel syndrome, mimic endometriosis.”<sup>21</sup> Additionally, “women's pain, particularly in the area of their reproductive organs, tends to be attributed to fantasy, signs of a neurotic personality or just the melancholic fate of being a woman,”<sup>22</sup> another holdover from old stereotypes about female patients.

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<sup>21</sup> Northrup, Christiane, M.D. *Women's Bodies, Women's Wisdom*. New York: Bantam Books, 1991.

<sup>22</sup> Shohat, Ella. *Laser for Ladies: Endo discourse and Inscription of Science*, 1992.

Unfortunately, a cure for endometriosis has not yet been found. Treatments temporarily ease symptoms, but lesions often grow back as soon as therapy stops. Traditional Western medicine recommends hormone therapy, laparoscopic surgery, dietary approaches, pregnancy and hysterectomy. Alternative therapy, such as acupuncture, herbal remedies, total body massage, vitamins (especially B and magnesium), chiropractic treatments and visualization/meditation, have also relieved the pain for some women.

Hormone therapy attempts to rid the body of endometrial growths by changing the balance of hormones within the body. Hormone therapy includes: birth control pills, progestin, danocrine, and GnRH agonists (gonadotropin releasing hormones). GnRH agonists – Lupron and Synarel – cause temporary menopause. By suspending the production of estrogen, scientists believe that the body will break down the endometrial growths. Although, it seems effective treatment, the pain often reoccurs after stopping the hormones, and side effects like hot flashes and osteoporosis, make the treatment undesirable for many women.

Laser laparoscopy, another commonly recommended treatment, became popular in gynecology in the 1980's. A surgeon uses a laparoscope to search, mostly in the abdominal cavity, for the endometrial growths. When they are found, the surgeon uses the laser to excise them. Laparoscopy is performed as day surgery, with significantly less recovery time than traditional surgeries. The laparoscopic surgery is only temporary, however, as growths may return, so it is often combined with a hormone therapy treatment to delay the return of lesions. Hysterectomy, a radical treatment, is often performed on women who do not desire children or are beyond childbearing years.



A patient who has indicated desire for bearing children is often encouraged by her doctor to become pregnant as a cure for endometriosis, a treatment option I challenge in my thesis work, specifically, the *Body Stamps* series. As endometriosis gradually replaced the wandering womb in modern medicine, this “cure” persisted, and many contemporary women with endometriosis are encouraged to conceive. Pregnancy temporarily suspends the growth of endometrial lesions, but like surgery or hormone therapy, they continue to grow after the “treatment.” The pregnancy cure simply makes a woman with endometriosis into a mother with endometriosis.

“The fertility approach to endo often introduces a catch-22: pregnancy is recommended as a cure for endo, but endo that affects fertility makes pregnancy impossible.”<sup>23</sup>

Like the doctors of the Victorian era, some present-day physicians recommend pregnancy as a cure for many feminine disorders. One book claimed that doctors have an attitude that, “if girls would learn to follow nature and have children early, neither endometriosis nor resulting infertility would exist.”<sup>24</sup>

Thus, a discussion on endometriosis must include coverage of infertility. Endometriosis is the leading cause of infertility in women, however all infertile women do not have endo, nor do all women suffering from endo become infertile. Infertility discussions often focus on the woman’s body as the problematic one. Overlooking the fact that a male must also participate in the act of conception, “infertility [and even birth defects] are so often blamed on flaws in the woman’s body.”<sup>25</sup> Even solutions for

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<sup>23</sup> Shohat, Ella. *Laser for Ladies: Endo discourse and Inscription of Science*, 1992.

<sup>24</sup> Shohat, Ella. *Laser for Ladies: Endo discourse and Inscription of Science*, 1992.

<sup>25</sup> Martin, Emily. *The Woman in the Body: A Cultural Analysis of Reproduction*. Boston: Beacon Press, 1992.

infertility, “for many feminists... reiterate a familiar doctor-patient narrative: developing reproductive technologies simply re-legitimate circumstances in which mostly male doctors are, once again, given power over women’s reproductive bodies.”<sup>26</sup> It is no wonder that infertility still bares many of the old stereotypes that a woman who shirks her reproductive responsibility pays for it with poor health.

Often medicine celebrates the many technological advances and looks past the fact that a cure has not been found. As Nancy Peterson, director of the Endo Treatment program explains, “if a man had a disease that caused him to be unable to father a child, to have unbearable pain during sex, which was treated by feminizing hormones and surgery, endo would be declared a national emergency in this country.”<sup>27</sup>

Many myths surround the contemporary discourse on endometriosis. The primary myth, which leads to a dangerous assumption, is that menstrual pain is primarily a psychological symptom. When doctors do not take menstrual pain seriously as an indication of a physical disorder, endometriosis gets misdiagnosed as anxiety, hypochondria, etc. Doctors explain that “the main characteristics (of endo) involve being mesomorphic but underweight, having an above-average intelligence, a higher than normal anxiety level, egocentrism and a need for perfection.”<sup>28</sup> By ascribing mostly mental characteristics to a physical disease, doctors reinforced the assumption that endometriosis is the physical manifestation of a mental cause.

A second myth surrounds endometriosis, that it is a “career woman’s disease,” a myth whose roots can be traced to the Victorian fear of women in the workplace and the

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<sup>26</sup> Wall, Angela. *Mothers, Monsters, and Family Values: Assisted Reproduction and the Aging Natural Body*. 2000.

<sup>27</sup> Shohat, Ella. *Laser for Ladies: Endo discourse and Inscription of Science*, 1992

<sup>28</sup> Shohat, Ella. *Laser for Ladies: Endo discourse and Inscription of Science*, 1992.



subsequent medical theories that educated women would endanger their reproductive capabilities by working outside the home. Women who forgo their reproductive capabilities are seen as having a greater risk for developing endometriosis. This belief has simply ascribed new “science” to an age-old assumption about women. In Victorian and pre-Victorian times, the chaste woman was at risk for uterine disorders because the womb wanders unchecked around the body when it is not satisfied with sex or pregnancy. The endo discourse indicates that pregnancy suspends growth of lesions (due to hormones that prevent menstruation, and therefore the spreading of the lesions). Therefore, the more time women spend pregnant the less problematic their endometriosis will be. Not much has changed since the Victorian era, when “the concept of the dangerously fickle uterus, which could be tamed only by appeasing its appetites, reflected the common belief that women were predisposed to congenital weakness and ill health from the moment of birth.”<sup>29</sup>

“Women who delayed childbearing were felt to be at greatest risk for endo. In the recent past, many women with endo were told that if they’d stayed home and had babies, they would be ok. This is a controversial assertion besides an offensive one, since some recent studies show that there is no difference in the incidence of endo in women who have been pregnant, and those who have not.”<sup>30</sup>

The increase in the number of career women diagnosed with endo seems to stem from the fact that they have access to better health care, are more insistent at getting a definitive diagnosis, and seek care or have preventative care sooner than non-career women. “The myths that impede both the diagnosis and treatment of endo..., and label and blame the victim as an upwardly striving, white, educated, ego-centric woman in her late twenties,

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<sup>29</sup> Dixon, Laurinda S. *Perilous Chastity: Women and Illness in Pre-Enlightenment Art and Medicine*. Ithica: Cornell University Press, 1995.

<sup>30</sup> Northrup, Christiane, M.D. *Women’s Bodies, Women’s Wisdom*. New York: Bantam Books, 1991.

who has postponed pregnancy for her career,” are anachronistic views, reminiscent of the Victorian medical arguments about women remaining in the home. By labeling endometriosis as a career woman’s disease, medicine once again asserts a patriarchal view on the question of women and outside-the-home work. It concludes that women who forgo their reproductive duties can be blamed for the illness that results.

“Endometriosis is deemed God’s revenge on the unnatural conduct of preternaturally ambitious professional women.”<sup>31</sup>

The third myth, that only white women have endometriosis, is also culturally and medically created. Typically, black women with endo symptoms have been diagnosed with PID (pelvic inflammatory disease) - a sexually transmitted disease - while white women with the same symptoms have endo. Researchers have taken pains to prove that endometriosis has racial limits. However, “recent studies show that endometriosis is an equal opportunity disease, striking women of all socioeconomic, racial and age groups.”<sup>32</sup> Non-white women often have low quality health care, and no opportunity for laparoscopic surgery, the only definitive diagnosing tool.

The final myth, is that young women are not affected by endometriosis, even though studies have shown that “sixty percent of women with endo experienced their first symptoms before age twenty-five.”<sup>33</sup> Young women often suffer in silence, thinking their pain is a normal, natural part of menstruation. As they mature, women realize that their pain is unacceptable, and seek treatment.

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<sup>31</sup> Shohat, Ella. *Laser for Ladies: Endo discourse and Inscription of Science*, 1992.

<sup>32</sup> Shohat, Ella. *Laser for Ladies: Endo discourse and Inscription of Science*, 1992.

<sup>33</sup> *Our Bodies, Ourselves, for the New Century*. New York: Touchstone, 1998.

“Precisely because of its gendered character and public invisibility, endo illuminates the co-existence of an up-to-date endoscopic panopticon (laparoscopy, laser laparoscopy, and video laparoscopy) with an old myopic discourse concerning femaleness.”<sup>34</sup>

Nevertheless, endometriosis seems to be on the rise. New technology like laparoscopy makes it easier and less invasive to diagnose, and more women are seeking therapy, as they realize that chronic pain is never natural and does not have to be suffered. As public discourse on endometriosis increases and women become aware of its existence, more women have sought treatment for their pain. Organizations of women with endometriosis – like the Endometriosis Association – strive for social awareness, and work to eliminate endo’s public invisibility, while artists, like myself create work with a social agenda. My work attempts to spread the word about the existence of endometriosis, the dangers of relying on socially constructed views of the feminine, and the inaccuracies of current medical treatments of female reproductive disorders. As David Wojnarowicz explained, activist art can: “break the silence about needs or experiences and break the chains of the code of silence. Describing the once unspeakable can make the invisible familiar if repeated often enough in loud and clear tones and pictures.”<sup>35</sup> This is one of the purposes of my art. By speaking out about endometriosis, I hope to encourage a renewed interest in research and development of a cure for endometriosis.

“Historians recognize that medicine has been effective throughout history in shaping the choices open to women. Men have created images of women as reflections of male interests, anxieties and longings. They have invoked science in general and medicine in particular to justify the mandates of sex and class imposed on women by a powerful social order.”

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<sup>34</sup> Shohat, Ella. *Laser for Ladies: Endo discourse and Inscription of Science*, 1992.

<sup>35</sup> \*\*\*\*\*Patti’s article



Another factor that influenced the development of women's medicine is the relationship between the doctor and patient. The doctor-patient power relationship is a particularly telling one. Victorian and pre-Victorian medicine emphatically restricted the entrance of women students into its ranks. As a result, women were gradually pushed out of the field of medicine as it organized and professionalized into a white-male dominated occupation. Women increasingly filled the roles as patient, and rarely sat on "the other side of the table". The balance has been slowly shifting recently, as more women break into the field, but it is still much more likely that a male doctor will examine a female patient. The reverse is a rare occurrence. A powerful relationship exists between doctor and patient. What happens when the roles are traditionally defined? Is it possible to expose the patriarchal nature of the doctor-patient relationship by acting simultaneously as doctor and patient? These are issues I explore as I perform pieces like *Egg Toss*, *Cut Lines* and *Pill Swallow*.

Unfortunately, the doctor holds most of the power in shaping the doctor-patient relationship. Without a thorough medical background, "the patient is usually in a poor position to evaluate the quality of care provided. She cannot judge whether treatment is necessary in the first place, nor whether the best possible treatment is being provided."<sup>36</sup> Ordinarily, this alone would not be a problem. A patient trusts in the doctor's medical knowledge and assumes that the doctor has evaluated all options and presented the best choice for the patient's well-being. After all, the patient sought the doctor's advice, since

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<sup>36</sup> Bentley, Judith. *The National Health Care Controversy*. New York: Franklin Watts, 1981.

he/she could not come to his/her own conclusion without the help of a professional. The problem occurs when one demographic group holds all of the power to shape medicine. As it developed, medicine became a patriarchal monopoly. When diagnosis is limited to one group, that group wields enormous power and social control. Feminists argue against a male monopoly, that “on a gut level, [I] am now convinced that it is a most basic violation of our civil rights for a group that is not at any risk from reproduction [male] to control the group that is at risk [female].”<sup>37</sup>

As medicine professionalized in the 19<sup>th</sup> century medicine, doctors experienced and increase in power and prestige. They gained the ability to shape and influence society, for “the power of the doctors as experts was not the power to heal or demonstrate their knowledge: it was the power to give the appearance of knowing, and therefore to judge.”<sup>38</sup> Medicine became mysterious and secretive, and as a result, the general public lost the ability to discern what knowledge doctors had. The general public could no longer determine the limits of medicine, and doctors became the main authorities on everything from contraception to exercise. This is a danger that must be combated, and pieces like the empty medical books, *Pill Swallow* and blank fortune cookies challenge the secretive authority of doctors and encourage the public to become more knowledgeable about their own health and actively participate in treatment option decisions.

“The doctor-patient relationship is an ideal one for the transmission of almost any kind of message that doctors may feel inclined to convey. Given the intimacy and

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<sup>37</sup> Corea, Gena. *The Hidden Malpractice: How American Medicine Treats Women as Patients and Professionals*. New York: William Morrow and Company, Inc. 1977.

<sup>38</sup> Dally, Ann. *Women under the Knife: A History of Surgery*. New York: Routledge, 1991.

authoritarianism built into the relationship, and the prestige and assumed expertise of the doctor, the patient is likely to take such messages much more seriously than he/she would from other people.”<sup>39</sup>

The doctor’s role is authoritative, but the person treated does not even have to be sick. Doctors now have power over healthy patients (preventative care), and even people who are not patients at all (the parents of a sick child, for instance). “Why do people submit to this kind of relationship, given that it is characterized by a degree of intimacy and authority that would be considered humiliating in any other social relationship? Because they expect to get immediate relief or help,”<sup>40</sup> and that is often the case.

“What is especially significant is that the doctors have held onto their monopoly over communication with patients: nurses and technicians may chat, but they cannot comment on your x-rays... In the eyes of the patient, the contributions of all other workers are secondary – only the doctor has the power to cure.”<sup>41</sup>

With the Women’s Health Movement and a general awakening of the public senses, the doctor-patient relationship has been gradually changing to a more equal one. Health care initiatives have encouraged patients to become more savvy and self-sufficient. Now it seems that “the medical profession views limited self-medication as a vital component of health care.”<sup>42</sup> With an increase in the specialists and the total number of doctors, medicine has become a provider-consumer relationship, where the patient holds more of the power in choosing the options open to him/her.

Not all cultural critics speak negatively about the doctor-patient relationship. One author claims that the doctor-patient relationship:

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<sup>39</sup> Ehrenreich, Barbara and John. *Medicine and Social Control*. 1978.

<sup>40</sup> Ehrenreich, Barbara and John. *Medicine and Social Control*. 1978.

<sup>41</sup> Ehrenreich, Barbara and John. *Medicine and Social Control*. 1978.

<sup>42</sup> Cayleff, Susan E. *Self-Help and the Patent Medical Business*. 1990.



“itself has a kind of therapeutic value: if the doctor can’t solve your problem, he can at least manage it. The therapeutic value of professional dominance, from the patient’s point of view, is that the problem becomes the *doctors* problem. It’s not for you to fret or question treatment; it’s in the doctor’s hands now, and he ought to know what he’s doing. The authoritarianism of the relationship fosters a magical transference of the problem from patient to doctor.”<sup>43</sup>

Another aspect of the patient-doctor relationship is the assessment of responsibility. Who is responsible for the disease? I titled my thesis *Faulty Femininity* for a few reasons. First, “faulty” implies something mechanical that works some of the time, and not all of the time, a concept I feel quite personally about my own femininity, fertility, and reproductive organs. Second, “faulty” from the root “fault,” implies moral culpability. Again, I ask “who is responsible for disease?” Who has caused the inherent problems with being feminine? Why is woman seen as an underdeveloped man? Why does being female necessitate an inherent weakness or an illness simply because of one’s femininity? Is it punishment from God for the sins of Eve?

In the past, especially during the Middle Ages, disease was viewed as justice from the Almighty. Religion has often shown its authority over the theory and practice of medicine. Early Christianity transformed the cause of the wandering womb from organic (physical) into demonic (caused by Satan), thereby strengthening the bond between woman and evil, represented first in the creation story and the fall of Eve. By overstepping its bounds, the Catholic Church created a contradiction for itself. The Catholic Church had always prized virginity as a sacred state. The Virgin Mary was clean and free from carnal sin, therefore an acceptable vessel for the delivery of God’s Son on earth. However, science claimed that the cause of the wandering womb was an

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<sup>43</sup> Ehrenreich, Barbara and John. *Medicine and Social Control*. 1978.

unsatiated womb, and that virginity was not a desirable state. Science, therefore, also claimed that sex had a purpose outside of procreation and should be viewed as a natural and necessary act. The church could not see the virginal state as pathological, and it could not champion sex as a cure for the wandering womb, so it encouraged prayer as a cure. Also under discussion was the nature and cause of disease. By the time of the Protestant Reformation, some of the puzzles had been worked out.

“On the one hand, health and disease were matters of natural law that could be studied by naturalists. On the other, God could intervene directly; so a sore throat was a natural condition, but it might also be a divine punishment, and an epidemic could be the judgment of God on the faithlessness of his people.”<sup>44</sup>

In a scientific and rational age, who replaces God as the one responsible for disease? Breaking down simple child-like phases about illness, for instance, “I feel *bad*,” reveals moral judgments at their base level; “there is moral culpability for getting sick.”<sup>45</sup> Patients often ask, “Why me?” Such questions strengthen the argument that illness can be traced back to an event in the patients’ life that made them sick.

“This symbolic understanding involves readings of diseases as message bearing; it involves decoding as if the diseases were texts and the supposition that the diseases are part of a meaningful cosmos.”<sup>46</sup>

The responsibility for the disease lies with the patient, as part of the justice system in a “meaningful cosmos.” Such ridiculous “and dangerous views manage to put the onus of the disease on the patient and not only weaken the patient’s ability to understand the range of plausible medical treatment but also, implicitly, direct the patient away from

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<sup>44</sup> Pickstone, John V. *Ways of Knowing: A New History of Science, Technology and Medicine*. Chicago: The University of Chicago Press, 2000.

<sup>45</sup> Zola, Irving Kenneth. *Medicine as an Institution of Social Control*. 1978.

<sup>46</sup> Pickstone, John V. *Ways of Knowing: A New History of Science, Technology and Medicine*. Chicago: The University of Chicago Press, 2000.



such treatment.”<sup>47</sup> There are powerful stereotypes regarding the “sick” and those who have the power to define what is “sick” wield enormous social control.

The shift in the power structure of patient-doctor relationship towards a much more equitable balance, and the breakdown of the male monopoly on medicine has slowly developed over time. Surprisingly, medicine began as a female occupation. Ancient Greek women practiced medicine until they were deemed unfit to treat patients due to their acceptance of abortion techniques. Early Christian women were doctors – one of the lowest status jobs. In 660 AD, the Council of Nantes, decreed that women were more like animals than men, and therefore had no need for education.

“Thus began centuries of denying education to women, a situation that paved the way for male dominance in medicine, male definition of medical skills and indeed medicine itself, and male control over the right to practice.”<sup>48</sup>

Some women fought for education and “the earliest formal education of American women practitioners took place in irregular colleges.”<sup>49</sup> In America, irregular colleges, or “sectarian”, began accepting female students. Sectarian medicine, as opposed to the traditional allopathic medicine, had a much more feminine approach – it’s goals were to nurture and treat the whole patient, a treatment I call for in videos like *Cut Lines*. Famous 19<sup>th</sup> century women doctors including Dr. Elizabeth Blackwell and Dr. Mary Putnam Jacobi were completely divided in terms of theory and practice. Dr. Blackwell thought that gynecological surgeries encouraged men to experiment on women, and she “challenged ovarian disease as the cause of insanity,”<sup>50</sup> while Dr. Putnam Jacobi agreed

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<sup>47</sup> Sontag, Susan. *Illness as Metaphor*. New York: Farrar, Straus and Giroux, 1997.

<sup>48</sup> Driefus, Claudia. *Seizing our Bodies*. New York: Vintage Books, 1978.

<sup>49</sup> Rogers, Naomi. *Women and Sectarian Medicine*. 1990

<sup>50</sup> Roy, Judith M. *Surgical Gynecology*. 1990.

with gynecological surgery as necessary for the health of the patient. Even though many women trained as doctors in the 19<sup>th</sup> century, the medical establishment continued to argue they were unfit to practice. The argument in the second half of the 19<sup>th</sup> century was that “it would be too embarrassing for a women to treat male patients.” Further, it was perverted for a female doctor to desire to treat male patients, however, no argument was made against male doctors treating female patients. Medicine feared that female doctors would lose their femininity, and male patients exposed to female doctors would become excited and unmanageable. Despite courageous women who endured the criticism of the medical establishment, by the late 1970’s the medical field was still predominantly male. In 1905, four percent of doctors were female. By 1925, the percentage of female doctors had only risen one percent. 1955 saw women as six percent of doctors, and by 1977, only nine percent of the total number of doctors were women. The percentage of women doctors reached 16% in 1980 and has since leveled out at around 17%. The field is still predominantly male, making medicine a male monopoly.

“Gynecologists could control women through medical theories that were assumed to be scientific discoveries, but which were, in fact permeated with stereotypes about women’s nature and role.”<sup>51</sup>

Keeping an open mind, and basing theories on sound physical experimentation, without the influence of stereotypes, is extremely difficult in the male monopoly of medicine. But the way medicine saw women was extremely complex and based on a variety of factors. Women were controlled by their hormones and their reproductive tracts; they tended to invent symptoms, and often suffered from mental disorders; their

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<sup>51</sup> Corea, Gena. *The Hidden Malpractice: How American Medicine Treats Women as Patients and Professionals*. New York: William Morrow and Company, Inc. 1977.

sex drive was inferior and unimportant; they were shy and reserved about their sexuality; and they were wholly unaware of the intricate workings of their bodies.

Victorian medicine especially liked to think of women as shy and reserved.

Doctors felt that women did not like to discuss intimate symptoms, and could not suffer the embarrassment of a pelvic exam. As a result, Victorian doctors skipped preventative care, in order to preserve the modesty of their patients. Some doctors even applauded women who suffered symptoms without seeking help, out of embarrassment at having to discuss intimate details with a male doctor. Dr. Charles Meigs stated:

“it is perhaps best on the whole, that this great degree of modesty should exist even to the extent of putting a bar to researches, without which no clear and understandable notions can be obtained of the sexual disorders. I confess I am proud to say that in this country [...] there are women who prefer to suffer the extremity of danger and pain rather than waive those scruples of delicacy which prevent their maladies from being fully explored. I say it is an evidence of the dominion of fine morality in our society.”<sup>52</sup>

Meigs admitted that modesty prevented serious scholarship and effectively stated that he would prefer to keep the status quo than search for cures. Women should learn to suffer rather than appeal to their doctors for solutions, especially in sensitive, gynecological matters. Of course he fails to mention a third solution: women doctors working with female patients could both preserve modesty and simultaneously work for a cure.

Medicine also tended to describe women as wholly driven by their reproductive capabilities. Many illnesses were traced to uterine fits, and medicine seemed to state that women were mindless automatons – a uterus covered in skin. Such suppositions have a

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<sup>52</sup> Corea, Gena. *The Hidden Malpractice: How American Medicine Treats Women as Patients and Professionals*. New York: William Morrow and Company, Inc. 1977.



basis in biblical literature, where God made Eve for Adam. Reproduction is her punishment for eating from the tree of life. Victorian writers argued, “If God didn’t intend woman to play a subordinate role in life... why wasn’t Adam given to Eve, instead of Eve to Adam?”<sup>53</sup>

When diseases were not traced to out-of-whack reproductive organs, they were blamed on mental disorders.

“Gynecology textbooks often condition doctors to suspect a psychosomatic ailment when a woman presents a complaint. In the 1971 edition of Office Gynecology, for example, Dr. Greenhill observed that ‘many women wittingly or unwittingly exaggerate the severity of their complaints to gratify neurotic desires.’”<sup>54</sup>

In fact, in 1972 an estimated twenty percent of women patients were given mental drugs to deal with a physical condition that, if in males, would be treated by medication. Men describe symptoms, but women complain. In 1971, seventy-two percent of antidepressant users were women. According to Dr. Kathryn Keller, the statistic remains the same today. Over 70% of today’s antidepressant users are female. Doctors often attribute women’s physical symptoms to mental disorders, affecting not only the patients’ continuing care, but also their state of mind. Many women are treated for mental disorders, and their symptoms do not subside. Rather than investigating the effectiveness of the treatment, the woman is told to ‘be patient,’ and that ‘it’s all in your head,’ a dangerous accusation, as it can lead to misdiagnosis and unsuccessful treatments.

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<sup>53</sup> Corea, Gena. *The Hidden Malpractice: How American Medicine Treats Women as Patients and Professionals*. New York: William Morrow and Company, Inc. 1977.

<sup>54</sup> Corea, Gena. *The Hidden Malpractice: How American Medicine Treats Women as Patients and Professionals*. New York: William Morrow and Company, Inc. 1977.

Women are made to feel inadequate, as if it is their fault for remaining sick. If only they would straighten out their mental problems, their physical symptoms would disappear. Sadly, by treating only for mental disorders, doctors miss the root physical causes of some diseases, including endometriosis. Physical disorders are misdiagnosed as mental conditions, and not accurately treated, while the woman feels no relief.

“Theories that diseases are caused by mental states and can be cured by will power are always an index of how much is not understood about the physical terrain of a disease... Moreover, there is a peculiarly modern predilection for psychological explanations of disease, as of everything else. Psychologizing seems to provide control over experiences and events over which people have in fact little or no control.”<sup>55</sup>

Blaming a mental condition for the physical symptoms of women attacks both the search for a cure, and the patient’s self-esteem.

Finally, medicine typically views women as children. Some physicians would not be completely straight with their female patients because the doctors did not think that their patients would understand. This policy is evident in the testimonies at the 1970 Senate hearing on oral contraceptives. Many women were not told about the many side effects of the pill, as their doctors felt that they would not understand.

“Medicine, like the Constitution, is for men. For centuries, women were burned at the stake as witches for practicing medicine, but now the focus of the punishment is reversed. It is when women are sick that they are most evil, most threatening to the egos of male doctors. This is because many doctors cannot admit error and increasingly women are asking them to do so.”<sup>56</sup>

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<sup>55</sup> Sontag, Susan. *Illness as Metaphor*. New York: Farrar, Straus and Giroux, 1997.

<sup>56</sup> Corea, Gena. *The Hidden Malpractice: How American Medicine Treats Women as Patients and Professionals*. New York: William Morrow and Company, Inc. 1977.

A study of the history of women's medicine would not be complete without an exploration of one of science's earth-shattering inventions – the x-ray. As a visual artist, I am especially interested in the development of medical imaging and the almost exclusive use of the female body to chart the interior human landscape.

“By the end of the 19<sup>th</sup> century, most diseases were well described in detail on the autopsy table as well as the microscope. There was only one painful limitation: explanation of the living was still based on palpating, listening and studying case histories – all very important, yet lacking visual confirmation.”<sup>57</sup>

The discovery of the x-ray would change all that, rocking both the medical world and the art world with its new glimpse inside the living human body. In 1895, William Roentgen, while experimenting with cathode rays, discovered that the barium platinum cyanide in his lab fluoresced when exposed to the cathode rays. When he placed objects (wood, paper, etc) between the rays and the barium platinum cyanide, it continued to fluoresce, but stopped when bones or lead interrupted the path. Not knowing what to call the invisible rays, he continued to experiment with “x”-rays, and quickly published his findings. The articles were illustrated by an x-ray of his wife's hand (with wedding ring), effectively starting a fashion craze, where women's hands with jewels were x-rayed. “The female hand x-ray became a fetish object,”<sup>58</sup> showing both fascination and fear of the body x-rayed. Roentgen won the Nobel Prize in 1901 for his discovery of the x-ray.

There were early examples of the dangers of x-ray (the bodily deterioration, burns, blisters and death of Thomas Edison's assistant, Dally), but because the effects of the x-ray happened weeks after exposure, the connection was initially doubted. The x-

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<sup>57</sup> Doby, T. and G. Alker. *Origins and Development of Medical Imaging*. Carbondale: Southern Illinois University Press, 1997.

<sup>58</sup> Cartwright, Lisa. *Screening the Body: Tracing Medicine's Visual Culture*. Minneapolis: University of Minnesota Press, 1995.



ray revolutionized medicine by providing a glimpse into the living human body, and its potential side effects were often overlooked.

It is interesting that, “although radiology was practiced almost exclusively by men in its first decades, women’s bodies were often test objects of early imaging research.”<sup>59</sup> Mammography, however, was not introduced until the 1960’s, and “the reluctance regarding breast x-rays (despite documented research) underscores medicine’s historical lack of regard for disease that occurs primarily in women.”<sup>60</sup>

In the 1900’s, people were x-rayed standing up, so gravity acted on the organs and meant they were in different places than in the corpses previously examined on the autopsy and dissection tables. This observation led to the diagnosis in women of “ptosis,” or the displacement and retroversion of the uterus. With the wandering womb theory going out of style, ptosis provided a new ailment for women based on their wombs. If the womb was a different shape, or located in a different position in the body (as evidenced by an x-ray), pathology was suspected, and treatment included surgery or inserted props to reposition the uterus.

Roentgen discovered the x-ray in the same year the Lumiere Brothers introduced the motion picture. Soon the two inventions combined, and x-ray motion pictures made a huge impact on public understanding. The x-ray still evokes death, but the moving x-ray put life back into the morbid. Researchers at the University of Rochester did extensive work with the moving x-ray, but not always for the advancement of medicine. Some movies were made for their entertainment value alone. Some moving x-rays films

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<sup>59</sup> Cartwright, Lisa. *Screening the Body: Tracing Medicine’s Visual Culture*. Minneapolis: University of Minnesota Press, 1995.

<sup>60</sup> Cartwright, Lisa. *Screening the Body: Tracing Medicine’s Visual Culture*. Minneapolis: University of Minnesota Press, 1995.

included applying lipstick, drinking, combing hair, and playing instruments. Women were most often the subjects of such experiments, receiving copious amounts of the dangerous x-rays. Some exposures took longer than thirty minutes, resulting in serious burns days after the dose.

The x-ray became sexualized spectacle and a new mode of illicit looking. Suddenly, not even the inner space of one's body could be protected. The x-ray blurs the line of the public and private, threatening to exposure our inner selves, our secrets, and our internal state of health. I explore the inner and outer selves in pieces like *Twirl*, where there is a discord between inner and outer appearances. The visual component of *Twirl* depicts a habit gone out of whack, however, the audio is never affected, as if the physical and mental selves are somehow operating separately.

"The technique Roentgen introduced with his x-ray experiments was the subject of public hysteria not because it was shockingly new, but because it ushered into the realm of science a disturbing technique of bodily representation long circulating in metaphysics and public entertainment... Light becomes a brutal force that physically penetrates an object, stripping away its concealing surface to lay its structure bare."<sup>61</sup>

At a time when women were rebelling against their strict societal roles, their bodies were "singled out as territories suddenly open to exposure."<sup>62</sup>

Some people thought that the x-ray would reveal that humans are all the same inside. If we strip away the cultural and gender roles (skin and clothing) – will the x-ray prove that we are all equal?

"The x-ray signifies the ultimate violation of the boundaries that define subjectivity and identity, exposing the private interior to the gaze of medicine and

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<sup>61</sup> Cartwright, Lisa. *Screening the Body: Tracing Medicine's Visual Culture*. Minneapolis: University of Minnesota Press, 1995.

<sup>62</sup> Holtzmann-Kevles, Bettyann. *Naked to the Bone: Medical Imaging in the Twentieth Century*. New Brunswick: Rutgers University Press, 1997.



the public at large [...] The x-ray threatened to expose the two holiest sanctums of the human body – the sex organs and the brain – and in the process, demystify both.”<sup>63</sup>

Today, women are faced with additional ways of viewing interior space.

“The visual lay of the body, spread out for exploration promotes sonogram and video laparoscopy as the postmodern cartography of the female interior. And it is thus the language of *exploration* and *conquest* that shapes these ultrasound and video-lap visuals. With x-ray as a black and white photograph and video laparoscopy as a color documentary film, the surgeon is positioned as a traveling image maker of the female body, whose organs he/she explores, documents and rearranges.”<sup>64</sup>

Laparoscopy is the only method for definitively diagnosing endometriosis. Video laparoscopy, if recorded, can allow a patient to view her own interior space. Some patients are overwhelmed by this confrontation of their mortality, while others enjoy the ability to shine light on the mysteries of their body turned inside out. Often the patient feels anxiety while watching their surgery, for fear they will consciously experience the unconscious pain of surgery, while others feel watching their video allows them to become “an agent of their own healing.” I incorporated my own laparoscopic images in a photograph called *Attraction/Revulsion* and a video from the winter of 2003. The stills from my own laparoscopic surgery projected onto a video of my torso allowed both the viewer and myself to explore the otherwise invisible interior of my body, visualizing the diseased areas at a distance and demystifying the enigmas of the female reproductive body.

“As an aesthetic and set of conventions, the x-ray is both gothic and modernist. As a medical tool, it has been regarded as a technique for both destroying and saving lives; as a mode of scientific knowledge, it has revealed more about the

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<sup>63</sup> Holtzmann-Kevles, Bettyann. *Naked to the Bone: Medical Imaging in the Twentieth Century*. New Brunswick: Rutgers University Press, 1997.

<sup>64</sup> Shohat, Ella. *Laser for Ladies: Endo discourse and Inscription of Science*, 1992.

modern body than any other imaging modality, drawing on both centuries-old iconography and modern visual paradigms to generate new configurations of the body.”<sup>65</sup>

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Since their discovery in 1895, x-rays have had an effect on both medicine and art. Artist began to employ the x-ray iconography as a means to show both the inner and outer selves. Picasso’s *Girl Before a Mirror* is one such painting, while Heartfield’s *Hitler Swallows Gold and Spouts Junk*, a Dadaist collage, employs the x-ray as a means to expose Hitler’s façade. Long before the x-ray, art portrayed more than visual appearance. Gestures, symbolism, facial expressions, etc, all attempted to reveal subject’s inner thought and feelings. With the invention of the x-ray and its powerful visual language, art found a new way to express what it had long attempted – transcending the obvious visual appearance, and showing a deeper truth.

The earliest visual record of a woman afflicted by the wandering womb syndrome appears in a late 13<sup>th</sup> century manuscript. In the illustration, the woman faints, and is attended by a doctor (holding a scroll), a cleric, and two servant woman. We know she has been affected by the wandering womb, as her head is enlarged, and out of proportion – both in terms of her own body, and the heads of the other characters. Her womb has wandered into her skull, expanding the volume of her head and causing the fainting spell.

The 17<sup>th</sup> century artists often employed the woman’s sick room as a subject for their paintings. Women lie limp, in trances with vacant stares, or swoon. A doctor examines urine in a flask and takes the pulse at the wrist of the woman. (Pulse-taking is

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<sup>65</sup> Cartwright, Lisa. *Screening the Body: Tracing Medicine’s Visual Culture*. Minneapolis: University of Minnesota Press, 1995.

Egyptian in descent, and by the 17<sup>th</sup> century, William Harvey had proven that circulation pumped oxygenated blood around the body. Before him, physicians believed that the pulse expelled vapors from the heart.)

In 17<sup>th</sup> century art, the gesture became very important. In an increasingly global world, gesture had become a form of sign language, the key for communicating across languages. Doctors “had to study the outward appearance of the body for clues to its hidden emotional state.”<sup>66</sup> Artists used the same gestures to paint the afflicted “lovesick maidens.” The hands of the subject were extremely expressive. Interestingly, although 17<sup>th</sup> century medicine admitted that the wandering womb affected all women, artists chose only to paint young virgins afflicted by the fickle womb.

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Both the x-ray and the wandering womb seem to provide appropriate operating metaphors for my thesis work, *Faulty Femininity*. The persistence of wandering womb theory in the form of contemporary diseases like endometriosis demonstrates that many women’s health care programs have retained their archaic dependence on socially constructed views of the feminine. Women continue to be defined and controlled by their anatomy, and the womb is still to be blamed for a variety of non-uterine diseases. Some physical diseases (especially those effecting only women) continue to be misdiagnosed as mental conditions, a holdover from ancient views of the female.

The x-ray, a visual tool of allopathic medicine, revolutionized medicine by making the unknown interior of the body observable. It provided a new way of looking at the body, and in the process, blurred the lines of public and private, as our own bodies

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<sup>66</sup> Dixon, Laurinda S. *Perilous Chastity: Women and Illness in Pre-Enlightenment Art and Medicine*. Ithica: Cornell University Press, 1995.



were turned inside out in front of our eyes. Women's bodies were used almost exclusively as the earliest models for x-rays, for exploring the female abdominal (and other) cavities had long been a preoccupation of allopathic medicine. Women became the archetype for the interior body, allowing mostly male viewers (doctors) to chart the interior human landscape. Like 19<sup>th</sup> century explorers following their manifest destiny, male doctors mapped the interior of the female body, carefully noting its inequities, mortality and fallibility.

## Part II: Faulty Femininity

My thesis body of work, entitled *Faulty Femininity*, is much broader than what could be exhibited in the gallery. Although I chose to exhibit only sculpture and video in the gallery, the work included a variety of other media. The work documented and explored my own experience with endometriosis. I chose not to exhibit the still photographs as framed images on the wall, as I felt the size of the gallery would restrict the successful showing of both still and projected moving image work. The still images varied in size and subject matter, and illustrations can be found at the end of the paper. I am currently looking for a new venue to exhibit the still work as framed pieces.

The thesis show, exhibiting in September 2004, features five videos and a sculptural piece. In the video, *High, Lo*, I struggle up a snowy hill, and just as I near the top, fall and roll to the bottom. I repeat the action to the point of total exhaustion, symbolizing the highs and lows of life, medical treatment, etc. Seemingly playful at first, the repetitive action and sensual soundtrack become painful, uncomfortable and tense. After ten minutes, the video ends as I lie prone and panting in the middle of the snow-covered hill. I never complete the task. The video plays in a loop, projected onto a ten-foot wall in the darkened gallery.

The video *Twirl* depicts a woman (played by me), twirling her hair while singing a love song. The hair twirling begins innocently, but ends as an obsessive act resulting in a tangled mess, while the singing is never affected. More than just a document of a performance, *Twirl* symbolizes the conflict between the inner and outer selves and refers back to the s-ray metaphor where medical imaging has managed to blur the lines of public and private. The singing represents the façade that all is normal, and the effort to

heal or comfort oneself. The twirling serves as a metaphor for inner trauma, growing pain and frustration. *Twirl* is shown on the wall opposite *High, Lo* and has a focused sound system so that the soundtrack can only be heard within a four-foot radius.

In *Moonlight*, a pianist (also played by me), practices playing the first stanza of Beethoven's *Moonlight Sonata*. When she makes a mistake, she starts at the beginning again, and though the playing becomes addictive, it is never perfect or complete. The video is a metaphor for the medical institution and the patient, trying various treatments until one works. But there are always mistakes, and the keys are out of tune. When will this be *music* again, and not just practice by trial and error? Also playing in a loop, *Moonlight* is shown on a television screen with headphones for the sound.

In *Cut Lines*, a surgical marker draws dashed lines with scissor symbols indicating the path for the surgeon's scalpel along an anonymous abdomen. The drawing of lines, however, does not stop, and the action continues until the abdomen is unrecognizable under a blur of purple marker. It is no longer possible to see the path of each individual line. The second half of a video depicts a doctor cutting a piece of paper that eventually becomes a series of paper dolls. The video references traditional allopathic medicine's emphasis on surgical treatments over alternative forms of therapy. There is a great need for doctors to treat the whole person as an *individual* patient (not cut from the same paper doll mould), rather than a piece of meat to be cut and stitched according to a predetermined regimen.

In *Pill Swallow*, I dress as a patient, but carry a stethoscope, blurring the lines of patient/doctor. I open a fortune cookie, read the fortune, rewrite the saying, open a blue and white pill, dump out the contents, stuff it with the new fortune, and swallow both



fortune and pill. In a blending of Eastern and Western medicines, I find a new *personalized* healing, and continue to swallow the pills until I reach the end of the supply. The video plays on a TV, and has no soundtrack. Also related to this piece, some of the food served at the gallery opening refers to the work itself. Fortune cookies filled with blank slips of paper will be served, inviting people to write their own futures, and to heal themselves.

Playing on a sound system, *Spin* depicts a music box gone mad. It starts simply enough with the sound of a music box. The sound becomes discordant as multiple tracks of the music (*Rock-a-bye Baby* and *Brahms Lullaby*) play over one another. The sound piece ends on the second to last note of *Rock-a-Bye Baby* leaving the viewer to supply the ending.

The final piece of the thesis show is found at the entrance to the gallery. A small bookshelf holds eleven old books. All medical texts from the early twentieth century, the books deal with the subject of female sexuality and sex in the married life. On closer examination, the viewer finds that all the books are blank, the text having been replaced by a blank book, implying that the viewer must provide his/her own medical history, and that in this world of professionalized medicine, the ultimate responsibility falls on the patient to look after his/her own health.

I have decided to include the still image work in a printed book displayed in the gallery. *Egg Toss* is a digital combination piece depicting three participants (school girl, doctor and referee) in an egg toss relay race. I act as all three participants, blurring the lines between patient and doctor. Who is responsible for healing? What will happen if the egg breaks? *Egg Toss* also exists as a short video with an eerie music box soundtrack.

In *Pill Meal*, a teacup and saucer are filled with pink pill capsules. Western medicine often prescribes medication, pills and surgery instead of other options, and there are many times that I feel I consume more pills than food. I created *Pill Meal* to humorously comment on those feelings. In the *Body Impression* series, I dress as a doctor (in scrubs, carrying a stethoscope), and lift my shirt to reveal repeated impressions of baby bottles, rocking horse, pacifiers, and strollers. The series references endometriosis and its relationship to infertility, as well as my questions about my own ability to conceive. It also references the suggestion of pregnancy as a cure for endometriosis. As a single 24 year-old, pregnancy is not a desirable treatment option, however, drawing on centuries of medical tradition/theory, contemporary doctors still recommend it as a successful cure for endometriosis. In the *Stethoscope* series, two stethoscopes (a doctor's and a child's imitation) are intertwined. *Playing Doctor* further defines the stethoscopes and references innocent child's play. Fortunately, most children have no concept of disease. They feel indestructible, and only role-play as doctor and patient, while at the same time, they are learning to buy into the doctor-patient power relationship. Most children do not play alternative medicine games, rather the doctor's bag (complete with stethoscope, pill bottle, band-aid, etc) references traditional allopathic medicine. In the *Pill Jacket* images, I cover my body with pill capsules, insulating and protecting it from outside forces.

The sculptures not incorporated into the Thesis show include a pill mobile that hangs over an infant's crib (referencing fertility struggles and the necessity of intervention by the medical community for some couples to conceive), a resin sculpture of pink pills in the shape of a woman's torso, pill jewelry (referencing medicine's prescription of pills to treat symptoms and mask disease – rather than curing illness, we

make it look better – we re-dress it), scrolls of writing within pink pills (with sayings like: “should I have gone to medical school? Would it have been faster?”), pills and baby novelties embedded in egg-shaped, red-tinted resin, and eggs made out of pink chocolate candies and red jell-o.

Since activism is an important part of my artistic agenda, I began making a website to showcase my work. It provides previews of the work, technical information, medical definitions and new findings, as well as links to organizations that support women’s medical research. What does it mean to merge art and medical information into one piece? How can I combine art and activism successfully? My website is a venue for disseminating information about endometriosis, and a virtual opening, planned for a week after the actual gallery opening, provides a way for those outside of Rochester to view my work. The website also provides an MFA Thesis Statement, sections from the thesis paper, snapshots from the SPAS Gallery, publicity poster, artist's commentary, and an interactive gallery tour. In the form of a QTVR image, the gallery tour is a 360-degree image of the gallery that the viewer can “spin” around to see the gallery from all angles. Clips from the videos stream over the web. The web seems a particularly appropriate place to show my work, as my research indicates that there are relatively few scholarly resources on endometriosis and far more electronic forms of research and discussion, (ie. websites where women share their experiences and advice). My website provides a forum for my activist agenda.

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This brings me to the history of my work. In the fall of 2002, I began a series of work entitled *The Beauty of Imperfections*. It explored issues of decoration, disguise, touch, skin, and identity through the use of allegory, metaphor and humor. I created detailed scanograms (images made from the placement of an object directly on a flatbed scanner), of fish and flowers, the “skin” of which consisted of attached feathers. The inclusion of the feather to re-dress an object showed the futility of living through a mask. For example, one does not need the entire bird to reference flight – a single feather suffices. Yet, creatures like fish (who could not survive in the open sky), or flowers (with roots firmly implanted in the ground) are utterly incapable of flight, even when covered with feathers. Perhaps one reading of my work was that re-dressing as a creature of the air only exposes the emptiness and futility of attempting to be something other than oneself.

Each creature I created or photographed re-dressed in a new skin. Skin and our sense of touch fascinate me. Skin – the largest organ in the body – is all that stands between the world and us. What happens when the skin breaks? Fortunately, skin renews and repairs itself, while forming a waterproof, elastic and washable barrier. Touch, the sense located and defined by the skin, is one of the most interesting senses. Language is full of metaphors of touch: ie. feelings, touchy people, touché, touch and go, losing touch, etc. Also, “touch teaches us the difference between ‘I’ and ‘other’” (Diane Ackerman). Without touch, we lose track of where we are, and where the outside begins. Touch also influences our sense of self. It tells us how we are shaped and gives us self-image. “Touch teaches us that life has depth and contour; it makes our sense of the world and ourselves three-dimensional” (Diane Ackerman). Using the scanner, I created tactile,

detailed images of each creature. The skin, or the covering of each are significant, yet superficial elements indicating an attempt to re-dress as something else.

In short, my work of this period attempted not to criticize or attack the practice of disguising one's true nature through decorations (clothing, scents, tattoos), or re-dressed skin, but to explore and expose it to fully understand the ramifications of using such disguises. I used humorous surrogates of food, fruit and flowers as metaphors for the body. We use similar terms to describe each (skin, flesh, etc), thus the metaphor is significant on many levels.

In the winter of 2002-2003, I began creating digital videos. Small vignettes of highly metaphorical events, the videos began to reference my own struggles with endometriosis. I realized that just like my re-dressed creatures, I was hiding from my troubles, masking the pain by refusing to take action. My most successful videos of the period were played side by side, projected onto a wall in a darkened space. The first two videos depicted the breaking of eggs (by squeezing them until they broke), playing next to a fiery baptism/drowning. The broken eggs fell into a round-shaped glass bowl. Lit from below and placed on a red backdrop, the piece referenced the troubled womb. Occasionally, the shells of the eggs refused to break, or broke spraying their contents in every direction but into the bowl. The piece was very violent and referenced infertility. Playing next to the eggs was a fiery baptismal scene. Shot with a low shutter speed, red/orange reflections jumped and danced on the surface of bathwater. From outside the view of the camera, I appeared and submerged under the fiery water. After awhile, I reappeared from under the surface, but emerged dry. The second successful combination included medical stills and a staged surgery on an orange peel. The medical stills

(appropriated from my own laparoscopic surgery) were projected onto the shape of my torso. The image moved subtly, and it was not always clear whether the image was still or moving. In the orange surgery, I played the part of the surgeon. Garbed in an evening gown, mask and gloves, I carefully sewed the peel back onto an orange. The final version was sped up, making the action seem frantic: I must put humpty-dumpty back together again. The last two videos, shown unsuccessful opposite didactic text, depicted a boiling teapot and a reconstruction of a devoured turkey, by adding feathers back onto the carcass. The turkey and orange are remade through the stitching. Just like the turkey, without a cure for endo, the only option for doctors is to cover or mask the symptoms (make it pretty again). The videos also depict the betrayal of the body. There is an uncertainty in living within something that you eventually cannot trust; at some time, your body will betray you. The winter walkthrough also included photographs, many of which built on the themes from the fall. Through stitching and scanograms, I referenced health and endometriosis, while the videos used similar staging and metaphors.

The work from the Spring of 2003 developed from the Winter's work, and began to reference endometriosis and health in general. The work was highly metaphorical, introspective and self-referential. The first sculptural piece, *Shells*, spoke more literally about the topic of endometriosis and fertility. Nursery rhymes teach us that "all the king's horses and all the king's men couldn't put Humpty-Dumpty back together again." A strong symbol of feminine fertility, the broken eggshells cannot be fully healed. In an act of desperation, I glued each egg back together. They will never be perfect, but for now, they are whole. The eggs were displayed in wire eggcups on a long wooden shelf. The second sculptural piece, was a medical smock covered in bright red kiss marks, as if



to say “medicine has failed me, so I will kiss my wounds to make them all better.”

Lipstick became a metaphor not only for femininity and beauty, but also acted as a façade – a covering of flaws. If you can’t make something perfect, at least make it beautiful!

Finally, the three most successful videos (*Twirl*, *Moonlight* and *Hi, Lo*) are shown with the MFA thesis show and discussed in depth in the previous section.

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I have been influenced by a variety of artists’ work. Maggie Taylor and Darryl Curran were especially influential to the development of my scanograms. I enjoyed the detail, selective depth of field and mysterious lighting that could be achieved in pieces like *Maybe Never*, 1998 (Taylor), *Woman Who Loves Fish*, 2003 (Taylor), *Carrotid Scan* (Curran), *Kimono*, 1996 (Curran) and *Three Red Seeds, One Red S* (Curran), and was encouraged to experiment with scanograms. My photographic still-lives are indebted to the work of Olivia Parker, Fredrick Salmer and Robert Mapplethorpe, for their lighting and staging influence. After seeing Michiko Kon’s creatures I realized the significance of the feather, and though I wanted to use the feather for other reasons (she references her Japanese heritage), I often looked at her creatures for inspiration. Juan Fontcuberta’s fictitious creatures also influenced my sculptural creations, especially while working with the fish, feathers, and flowers. Fontcuberta’s work is imbued with a sense of veracity because of his scientific approach to “documenting” his creatures. In that series, Fontcuberta and fellow artist Pere Formiguera claimed to have photographed the species discovered by zoologist Dr. Peter Ameisenhaufen. The species were so unusual that new families and orders would have to be created within the scientific classification system. Dr. Ameisenhaufen supposedly died in a car crash in Scotland, leaving only the evidence

photographed by the artists (which included archives, data, taxonomic notes, photographs, audio tapes, maps and stuffed specimens. By using the visual language of scientific classification/categorization, he can make a modernist comment on truth by creating an elaborate ruse.

I often reference the grotesque as beautiful, a concept explored by Joel-Peter Witkin and Andres Serrano. I especially enjoyed Serrano's *Morgue Series* – where even charred skin can appear enticing. I first viewed the *Morgue Series* in the Victoria and Albert Museum and was struck by the glossy lipstick-red of the photographs. Initially, I was convinced he photographed a bowl of cherries and was repulsed when I read the title and realized the significance of the piece. Serrano had photographed the bloodied, charred skin of a corpse in such a way that it appeared luscious and intriguing. What a change in perspective I had after viewing Serrano's work!

I am also indebted to the feminist artists, courageous women who spoke out for women's rights, and made the world a little easier for young female artists like myself. Feminists like Judy Chicago, Barbara Kruger, and Cindy Sherman have been very influential to my work, as well as the performances by Carolee Schneemann: *Interior Scroll – The Cave* and *Up to and Including Her Limit*. Schneemann uses her body as a space to create art – a technique I have often employed. Other performance artists like Sophie Calle and Tracey Emin (who both did bed pieces), as well as Pipilotti Rist have greatly influenced my performance style. The theme of “endurance” art, exemplified by artists like Chris Burden (*Shoot, Fire Roll, Through the Night Softly* and *Bed Piece*) and Marina Abramavic (*Breathe*), often appears in my work, especially pieces like “Hi, Lo” and “Twirl,” which display an enduring, resistant, obsessive behavior, although my work

is less shocking in its endurance, especially as compared to pieces like *Shoot*, where Burden had himself shot in the arm. I have tried a more subtle approach, and believe this type of enduring behavior (especially in pieces like *Hi, Lo*) references a variety of subjects and speaks more generally about the human condition, cycles of life, and medical struggles.

Bill Viola's videos also had a large effect on me, especially after making the fiery baptism piece and then viewing his *Going Forth by Day* series (*Fire Birth, The Path, The Deluge, The Voyage, and First Light*). His *Fire Birth* shows a human form in a red-orange primordial soup, which the viewer must literally step through to reach the rest of the installation. While I believe his piece has more to do with a general rebirth – the world that ends in fire and starts in water – in my work, it is important that I am recognizable as the subject of the fiery baptism. I have approached my art in a personal way, working for my own experience – my own body – as a source of inspiration. While Viola's work is much less specific, my fiery baptism is literally my own rebirth. I also find Viola's early work, *The Reflecting Pool*, very inspiring.

Bruce Naumen's videos *Art Make-up* and *Pulling Mouth*, Diane Nerwen's *Spank*, and Barbara Hammer's *Dr. Watson's X-ray* (which also came up in my research discussed in the introductory section), also had a profound effect on the look and subject of my work. I find Damien Hurst's work with pills very creative and ingenious, and although I do not make my own pills, I often include them in sculpture, jewelry, photographs and videos. Boyd Webb's early performances and late color photographs of sperm and eggs have also inspired my work. Finally, I am indebted to female self-portrait artists like Frida Kahlo, painters like Georgia O'Keeffe, and women working



directly with health issues like Hannah Wilke and Jo Spence. Many writers have influenced the concepts behind my work. They are too numerous to list in their entirety, but include people like Ray Metzger (writings on the void), Paul Corenza (on the meaning of black), Diane Ackermann's A Natural History of the Senses, and the Manifesta by Jennifer Baumgardner and Amy Richards.

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Contemporary women artists face a number of challenges. Excluded from most art historical discourses, women have been making a place for themselves in the contemporary art world.

"During the last century, women have been naming themselves by making art and performance from their own bodies, experimental histories, memories and personal landscapes in a myriad of textual and visual modes and in multiple media."<sup>67</sup>

Feminist art pieces tend to speak about the personal, and lean toward self-portraiture more often than any other type of device. Indeed, I have often employed this device, choosing to model for my own photographs and using my experience as a springboard for speaking about larger health issues like chronic pain. Unfortunately, "women artists' self-portraiture and their repeated acts of self-representation have been alleged to be 'narcissistic evidence of a merely personal desire to keep looking in a mirror,'"<sup>68</sup> and although a similar claim was never made about the male artists who used self-portraiture – Van Gogh or Rembrandt, for example – female artists are often criticized that their

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<sup>67</sup> Smith, Sidonie and Julia Watson, ed. *Interfaces: Women, Autobiography, Image, Performance*. Ann Arbor: The University of Michigan Press, 2002.

<sup>68</sup> Smith, Sidonie and Julia Watson, ed. *Interfaces: Women, Autobiography, Image, Performance*. Ann Arbor: The University of Michigan Press, 2002.

personal art never rises to the universal level – it never transcends the individual.

Proponents of feminist art see narcissism as a strategy, a way to challenge the norm.

“In this strategic self-preoccupation they have engaged the codes and genres of masculine self-portraiture and tradition of modes of representing “women” as other in art’s histories.”<sup>69</sup>

Much of feminist art is also autobiographical in nature. Women’s autobiographical art faced two distinct challenges. First, was the claim that it is “transparent mirroring”, or the art is only interesting if you study the artist’s biography. The second challenge to women’s autobiographical art states that the art is selfish and narcissistic – that it never transcends the personal. Influenced by Freud, who claimed that narcissism is one of the characteristics that women have that men do not, critics fail to see the universal in women’s art. In literary criticism,

“the invocation of the descriptor “autobiographical” in literary histories constituted a positive term when applied to men, but had negative connotations when imposed on women’s texts. In their gendered reading practices, literary historians ascribed to male autobiographical writers the intellectual and aesthetic command to make their lives richly self-reflexive, to assess the problematic nature of self-knowing and story-telling. In contrast the autobiographical, when applied to women was used to affirm that women could not transcend, but only record the concerns of the private self; thus it has effectively served to devalue their writing... Women are considered unable to see beyond their own narrowly self-interested lives; they can only write the personal, the domestic, the private life; and that production cannot speak profound universal truths.”<sup>70</sup>

A second problem for women artists involves their position relative to art.

Historically, women have been objects of the male gaze (both artist’s and patron’s), rather than the makers of art. They were always portrayed as the “other.” How and

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<sup>69</sup> Smith, Sidonie and Julia Watson, ed. *Interfaces: Women, Autobiography, Image, Performance*. Ann Arbor: The University of Michigan Press, 2002.

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where do women artists fit into the picture? Feminists have deconstructed the male gaze, challenging its authority and position. By acting outside their roles, women artists fight to deconstruct those roles and their implications.

Many feminist artists have influenced me. Tracey Emin's simple videos – "home movies, disarmingly unprocessed and unpolished – emit an aura of authenticity."<sup>71</sup> Her brutal honesty influenced my technique, and I often emulated her sense of the raw, uncut video. Video serves as a way to document her performances. Unlike film, video can be non-linear, non-narrative. I also enjoyed how Emin works in many media, often combining "video, installation, written and visual diary and photography,"<sup>72</sup> as I continue to explore how ideas are expressed in a multitude of ways. What I find fascinating about Emin's work is that she employs any visual form she finds necessary. The concept dictates the form and function of her art.

Hannah Wilke's work – especially the late pieces – also influenced my art. She displays her body in her early work, as a discussion on feminine beauty codes. I often thought of the *SOS – Scarification Object Series*, the chewing gum vulvas stuck onto Wilke's body, as I constructed my own set of vulvas out of fortune cookies. I was struck by the beauty and simplicity of the forms created from the "refuse" or "discarded" pile in my *Pill Swallow* video. Their similarity to the vulva shape was both symbolic and unexpected for me.

When her mother became sick (1978-1981), Wilke began photographing her own healthy young body next to her mother's body changed by mastectomies. When Wilke

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<sup>71</sup> Smith, Sidonie and Julia Watson, ed. *Interfaces: Women, Autobiography, Image, Performance*. Ann Arbor: The University of Michigan Press, 2002.

<sup>72</sup> Smith, Sidonie and Julia Watson, ed. *Interfaces: Women, Autobiography, Image, Performance*. Ann Arbor: The University of Michigan Press, 2002.



was diagnosed with lymphoma, she returned to her art, as a way to comment on her condition.

“Just as she believed she was curing her mother, she also worked at curing herself through her art, extending her life by expanding her activities. This was not a cure for the body... but a healing of the spirit... Wilke brought herself out of the interior space of her cancerous body into life.”<sup>73</sup>

I have also worked to cure myself through my art. Perhaps art can heal where medicine has failed. My art is not only therapeutic; it also involves the process of healing and investigates my own methods of coping and restoring life to “normal.” Wilke’s final series, *Intra-Venus*, 1991, depicts her failing body but triumphantly proclaims her inner strength.

I was also influenced by Jo Spence’s work documenting her fight with breast cancer. Her pieces – *The Picture of Health*, 1982 and *Onwards*, 1982 – are especially powerful.

“In these photo essays, Spence traces the abyss or morass that overwhelms the woman’s body once it is deprived of the fetish’s semiotic reduced to being unspeakable and devoid of significance.”<sup>74</sup>

Both Spence’s and Wilke’s work continues to remind me that the work I do is important for women and society to see. I believe I have made a positive contribution to contemporary art discourse by speaking about the history of women’s health, symbolically exploring the psychological ramifications of chronic pain, and sharing my experience with endometriosis. Although endometriosis is not fatal, as was the case with both Wilke’s and Spence’s disease, it is still important to speak out about gender

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<sup>73</sup> *Hannah Wilke, A Retrospective*. Nikolaj: Copenhagen Contemporary Art Center, 1998

<sup>74</sup> Smith, Sidonie and Julia Watson, ed. *Interfaces: Women, Autobiography, Image, Performance*. Ann Arbor: The University of Michigan Press, 2002.

inequalities in medicine; and whenever I get discouraged, I remember those two brave women, who, when faced with their own mortality continued to produce work. “The last works by Wilke and Spence are triumphant not because these women win the battle, either with identity’s undoing or with death; they don’t. They are triumphant in their challenge to society’s obsession with masking,”<sup>75</sup> and they do it all with humor and even a touch of lightheartedness.

A fourth feminist artist who influences my work is the French artist known as Orlan. Orlan, a performance artist, undergoes various plastic surgeries to become a composite of the icons of feminist beauty. She now boasts the chin of Botticelli’s Venus, the nose of Diana, the forehead of the Mona Lisa and the mouth of Boucher’s Europa. She chooses each figure based on the art historical stories surrounding the figure. Her surgeries are videotaped and streamed live on the web. She and the doctors dress in elaborate costumes and as she is awake during all of the surgery, performing monologues, reading from biblical texts, and wielding large crosses. I am fascinated by her inclusion of the medical into her artwork, a technique I try to emulate. They are inextricably linked, and she uses the most contemporary medical techniques and imaging to speak about art history and women’s place in it.

Another work of personal significance is *Beauty out of Damage* by Matuschka. For the first time, breast cancer was shown, in mainstream media (the cover of August 15<sup>th</sup>, 1993’s New York Magazine), in a way that glorified the disfiguration of the mastectomy as battle wounds. Matuschka, in a self-portrait photograph, is depicted as a survivor, and rather than cover up her scars, she displays them proudly.

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<sup>75</sup> Smith, Sidonie and Julia Watson, ed. *Interfaces: Women, Autobiography, Image, Performance*. Ann Arbor: The University of Michigan Press, 2002.

“Similarly, her ambiguous status as both youthful/beautiful and “damaged” allowed her image to play a particular role for a particular set of readers [...] The publication of (this work) was a watershed in the public representation of breast cancer because it rendered public an image previously familiar only to medical students, doctors, and women and their caregivers, families and close friends.”<sup>76</sup>

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Many contemporary women artists have used medicine, medical discourses and its visual imagery to discuss women's roles. The development of new medical imaging has changed our visual language, making it possible to see inside the body without cutting through the skin. The x-ray, endoscopes, fiber optics, positron emission technology (PET) and magnetic resonance imaging (MRI), have uncovered secrets about the living human body. Suddenly, the workings of the body are not subject to conjecture, but can be scientifically proven. Just as the x-ray affected medicine and art, the microscope changed our perspective on scale, as “the thrill of the microscope is its ability to turn the microscopic (one perspective) into the macroscopic (which has many parts).”<sup>77</sup> The microscopic discourse, like the x-ray's, was taken up by artists, and alluded to in such varied sources as Lewis Carroll's *Alice in Wonderland*, Jonathan Swift's *Gulliver's Travels*, Hollywood's *Honey I Shrunk the Kids* (1989), Percy Stowe's 1903 film – *Under the Microscope*, 1966 – *Fantastic Voyage*, Jack Arnold's 1957 *The Incredible Shrinking Man*, and recently the 1997 film *Men in Black*. All of these play with scale, making the microscopic macroscopic, or alluding to worlds within a tiny space, as in the galaxy held within a cat's collar in *Men in Black*.

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<sup>76</sup> Cartwright, Lisa. *Community and the Public Body in Breast Cancer Media Activism*.

<sup>77</sup> Sawchuk, Kim. *Biotourism, Fantastic Voyage, and Sublime Inner Space*. 2000.



Kim Sawchuk discusses the phenomenon of *biotourism*, as she describes the new rhetoric for exploring the body. With the microscope and x-ray, one can easily imagine a possibility of shrinking down to a size able to penetrate the body and explore the areas displayed in the x-ray. *Fantastic Voyage* is based on such an imagination, that a submarine full of scientists shrunk to a size easily implanted into a human being, and navigated the inner cartography to discover the root of disease. In fact, Jack Arnold's ideas were not far out of whack. And although humans are still incapable of physically fitting into someone else's body, with endoscopy and fiber optics, the body can be explored on the video screen without the need for cutting through the skin. Sawchuk further explains that "biotourism is the fantasy that one can voyage into the interior space of the body without intervening in its life processes, with silent footsteps, without leaving a trace..."<sup>78</sup> The body has become the new frontier. In accordance with the manifest destiny beliefs of the 19<sup>th</sup> century, the body is explained "by a series of known places that are interconnected and can be charted in the same way that a geographic atlas maps land [...] In doing so, ordering is imposed upon the ensemble of possibilities of a volatile and unstable organism."<sup>79</sup> The human body will be charted and explained down to the last DNA sequence, and the once mysterious workings clearly and simply laid out. The body, once a wild and unknown wilderness, will soon be tamed for the biotourist wishing to explore a new frontier.

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<sup>78</sup> Sawchuk, Kim. *Biotourism, Fantastic Voyage, and Sublime Inner Space*. 2000.

<sup>79</sup> Sawchuk, Kim. *Biotourism, Fantastic Voyage, and Sublime Inner Space*. 2000.

### Part III: Historical Background

An important part of my thesis work involves secondary research into the history of women's medicine. I found many of the myths and stereotypes that surround contemporary women's health have roots in the history of gynecology, general medicine, law, religion and art. In order to understand the implications for endometriosis research and treatments, I researched how medicine (particularly in the area of reproductive biology) was culturally and politically influenced. The following sections discuss the results of my research and its connection to individual art pieces included in my MFA Thesis work.

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The study of women's health issues often reveals important information about "the lifestyle of the period in which they occur... Since half of the population as well as the workforce consists of women, their health should have as much precedence as the health of men. Not only should society as a whole consider women's health issues as significant as men's health issues, but the public should also bear in mind that the major health concerns of the time reflect the society in which they live."<sup>80</sup>

Ideally, equal time should be devoted to curing men's and women's diseases. Realistically, however, women's health issues do not receive equal funding, attention, research or importance, for "only recently have researchers, as well as the medical community, focused attention on women's special health care needs."<sup>81</sup> This bias results from a long history of culturally stereotyped medical views, specifically in relation to "the concepts of reproductive biology."<sup>82</sup>

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<sup>80</sup> [www.cwrl.utexas.edu/~ulrich/femhist/medicine.shtml](http://www.cwrl.utexas.edu/~ulrich/femhist/medicine.shtml), November 1<sup>st</sup>, 2003.

<sup>81</sup> McFadden, Margaret, ed. *Women's Issues*. California: Salem Press, 1997.

<sup>82</sup> McFadden, Margaret, ed. *Women's Issues*. California: Salem Press, 1997.

I began a local search for information on endometriosis in 2002, and have found that Rochester resources on the topic are very scarce. I did not expect to receive a wealth of information on the topic, as my previous experience had told me that relatively little is known about the cause, treatments or cure of endometriosis. Nevertheless, I hoped that academic and especially *medical* libraries might yield more information. As an artist studying endometriosis, I needed to understand the disease, and wanted to do my own research on treatments and cures in order to be more informed when talking with doctors. It is probable that more resources exist, and that doctors have better access to information that I was unable to find, however, my experience suggests that the regular woman will face tremendous obstacles to finding information about her own body. For instance, a search of the Einstein Catalogue at the Wallace Library yields a paltry six hits on the topic *endometriosis*. Of those six, two resources contain “endometriosis” in the title. The other four make brief reference to this disease within the body of the book. The University of Rochester’s *Medical* Library holds nine resources on *endometriosis*. *Women’s health* produces only sixty-nine hits in the Wallace Library, and most speak primarily about the feminist movement and its offspring, the women’s health movement, whose broad goals were to “change consciousness about women’s health, provide health related services, and change established health institutions.”<sup>83</sup> Specifically, the women’s health movement targeted abortion rights and breast cancer awareness. Endometriosis was not a priority.

The predecessor of the Women’s Health Movement, the Popular Health Movement gained momentum in the 19<sup>th</sup> century. Focusing on prevention (instead of

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<sup>83</sup> Driefus, Claudia. *Seizing our Bodies*. New York: Vintage Books, 1978.



cure), the Popular Health Movement strived to get physicians from all social classes licensed (thus the poor could be treated by their own class, rather than always being dependent on upper-class physicians). The movement started institutions of study for women and minorities in the 1850's – 1870's. Riding on the heels of the Popular Health Movement, the Women's Health Movement also promoted the licensing of female physicians. Its initiatives included abortion rights, birth control, breast cancer awareness, return of midwives, and starting women's clinics and self-help groups. The Women's Health Movement spawned movements towards non-interventionalist childbirth and holistic health movements, encouraging "a nostalgic view of health and healing of the past, urging Americans to regain their lost health by returning 'back to nature.'"<sup>84</sup>

"The clear message of the women's health movement has been that health must be delivered back into the hands of those most directly affected by health."<sup>85</sup>

Under "women's lib", the movement pushed for new services, including: self-examination education, menstrual extractions, etc. There was a strong backlash against technology, and women turned to herbal remedies, diet, massage, etc over traditional medicine.

"The Women's Lib Movement also began to open up the previously taboo subject of the actual technical competency of doctors and of modern medicine altogether. Doctors exhibited massive ignorance on such subjects as menstruation, birth control, menopause, breastfeeding, vaginal infections, the dangers of hormones and the dangers of x-rays... Women sought to regain control of medical technology for themselves, so that it could be developed and used in their own

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<sup>84</sup> Lynaugh, Joan E. *Institutionalizing Women's Health Care in Nineteenth and Twentieth-Century America*. 1990.

<sup>85</sup> Roberts, Helen. *The Patient Patients: Women and their Doctors*. London: Pandora Press, 1985.

interests rather than in the interests of doctors or of the broader male-dominated society.”<sup>86</sup>

Books like *Our Bodies, Our Selves*, encouraged general education, so women could understand their demystified bodies and self-treat.

“There is a difference between healing and curing. Healing is a natural process and is within the power of everyone. Curing, which is what doctors are called upon to do, and usually consists of an external treatment, medication or surgery to mask or eliminate symptoms... Healing goes deeper than curing and almost always comes from within.”<sup>87</sup>

The Self Help movement strives to put the power of healing back into the hands of the patient. The modern Self Help Movement emerged in the 1960’s, “as part of a larger cultural questioning of authority and expertise. Self-care in health was revived as a social critique emphasizing humanness, cost efficiency and effectiveness of professional medical care.”<sup>88</sup>

“Arenas of political action devoted to health care, illness and disability historically have formed on the basis of collective responses to experiences having to do with illness and the health care system. Advocacy and activist groups, self-help and support groups and more loosely based networks of individuals are organized on the basis of shared experiences which might include having a particular illness and/or treatment, protesting a lack of access to medical treatment, advocating for research, managing pain, needing emotional support... identifying as a survivor, facing ongoing disability or doing support work.”<sup>89</sup>

Many of the objectives of the Women’s Health Movement made for a new perspective on alternative forms of medicine, such as holistic therapy, mind-body therapy, homeopathic, dietary, massage, chiropractic, and acupuncture.

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<sup>86</sup> Ehrenreich, John. *The Cultural Crisis of Modern Medicine*. New York: Monthly Review Press, 1978.

<sup>87</sup> Northrup, Christiane, M.D. *Women’s Bodies, Women’s Wisdom*. New York: Bantam Books, 1991.

<sup>88</sup> Cayleff, Susan E. *Self-Help and the Patent Medical Business*. 1990.

<sup>89</sup> Cartwright, Lisa. *Community and the Public Body in Breast Cancer Media Activism*, 2000.

“In the US, these health care practices are often called ‘complementary’ or ‘alternative.’ In much of the world, however, they are the most commonly used methods of healing.”<sup>90</sup>

A challenge to traditional allopathic (male-dominated) medicine, the “alternative forms” came under attack from many traditional sources. Women traditionally perform in the irregular practices, often because they were not allowed to study traditional medicine. Feeling frustrated by traditional medicine, I have turned to alternative forms of therapy for relief. Eastern and alternative therapies all tend to have one thing in common: they treat the whole patient as an individual and do not focus as stringently on the collection of symptoms. Often with close ties to spiritualism, Eastern and alternative therapies recognize the need to treat both the mind and body, and are often less invasive than Western medicine. However, although these therapies are more closely aligned with my own vision of health care, like Western medicine, they have also failed me. Perhaps an integration of the most salient features of each medical theory would provide a satisfactory cure. I am interested in drawing from all forms of medicine in order to create a personalized treatment plan.

One such form of alternative therapy is chiropractic care. The theory behind chiropractic care is that “the human body works to its fullest potential only when the nervous system functions smoothly. Chiropractors make adjustments (move the vertebrae) in the spine to restore proper nerve function.”<sup>91</sup>

In acupuncture, a “Chinese medicine which is intimately tied to the classical Chinese philosophy of Taoism, (the acupuncturist) aims to maintain or restore balance in

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<sup>90</sup> *Our Bodies, Ourselves, for the New Century*. New York: Touchstone, 1998.

<sup>91</sup> *Our Bodies, Ourselves, for the New Century*. New York: Touchstone, 1998.



the body. Central to Taoism is the notion that the body has the power to repair and regenerate itself or to restore its own equilibrium. Acupuncture is thought to stimulate or awaken these natural healing powers within the body,"<sup>92</sup> and enliven the *Qi*, or life force.

Homeopathic medicine, originating from India and Continental Europe, focuses on the whole body, and treats it with a variety of natural substances designed to renew the body and spirit.

Some alternative therapists follow a mind-body solution. They feel that healing must come from both the mind and the body, and that treating the symptoms alone will not cure disease. "For healing to occur, we must come to see that we are not so much responsible for our illnesses as responsible to them."<sup>93</sup> They argue that the steps to healing are as follows:

1. Get your medical, social and family history straight
2. Sort through your beliefs
3. Respect and release your emotions
4. Learn to listen to your body
5. Learn to respect your body
6. Acknowledge a higher power
7. Reclaim the fullness of your mind
8. Get help
9. Work with your body
10. Gather information

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<sup>92</sup> *Our Bodies, Ourselves, for the New Century*. New York: Touchstone, 1998.

<sup>93</sup> Northrup, Christiane, M.D. *Women's Bodies, Women's Wisdom*. New York: Bantam Books, 1991.

11. Forgive

12. Actively participate in your life

A medical belief based on the Eastern philosophies, chakra theory states that there is “profound interaction between the Earth’s energy and that of the physical human body, and (a) strong connection between female energy and the Earth’s own natural pull.”<sup>94</sup>

Chakras connect our nerves, hormones and emotions, and propose a powerful mind-body connection.

“Each of the seven charkas of the human body is associated with a specific organ and emotional state. Each is associated with a certain kind of fear and emotional scrutiny,”<sup>95</sup>

The uterus and ovaries belong in the woman’s second chakra. It is “both literally and figuratively the “creative space” out of which women can produce babies, careers, insights and other creative or artistic work. When our energy is not flowing smoothly in this area of the body gynecological problems can result.”<sup>96</sup>

There is immense conflict over the acceptance of alternative medicine into the regime of treatment for a patient. Unfortunately, allopathic (main-stream) medicine has become a male, euro-centric entity. Practitioners of traditional medicine tend to be a fairly homogenous group, and until the Popular Health Movement and the Women’s Health Movement, physicians were rarely challenged. Anything outside the range of

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<sup>94</sup> Northrup, Christiane, M.D. *Women’s Bodies, Women’s Wisdom*. New York: Bantam Books, 1991.

<sup>95</sup> Northrup, Christiane, M.D. *Women’s Bodies, Women’s Wisdom*. New York: Bantam Books, 1991.

<sup>96</sup> Northrup, Christiane, M.D. *Women’s Bodies, Women’s Wisdom*. New York: Bantam Books, 1991.

western treatment is distrusted and devalued by traditional allopaths. There is rarely discussion on alternative therapies, while new technologies that reinforce the beliefs of western medicine are adopted without question. Traditional medicine has much to learn from the alternative forms that treat the patient as a *whole person* rather than a collection of symptoms.

In the end, allopathic medicine won out over all the other types of medicine in the Western world. It seems a change is in order, and that an eclectic medical system, one which takes the best ideas from all the different theories would be far more successful at healing *whole* patients.

“Many feminist scholars have come to understand that both medicine and science are socially constructed and that these constructions have quite consistently, though not invariably disadvantaged women.”<sup>97</sup>

As Oliver Wendell Holmes stated, “the truth is that medicine, professedly founded on observation, is as sensitive to outside influences: political, religious, philosophical, imaginative, as the barometer is to changes of atmospheric density.” Finally, in a second quote by Holmes, allopathic medicine is criticized: “if all the medicines used by regular doctors in the United States were thrown into the ocean, it would be so much better for mankind and so much worse for the fishes.” Certainly, something has to change.

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The history of medicine is a long and convoluted story, an explanation of which, I believe is critical to understanding current trends in medicine. Three different ways of knowing developed as medicine grew. Beginning with *natural history*, the earliest

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<sup>97</sup> Clark, Adele E. *Women's Health: Life Cycle Issues*, 1990.



scientists/doctors learned by observation, experience and collecting. As medical knowledge advanced, some doctors began to *analyze* their findings and make conclusions based on multiple bedside experiences. Finally, in the most sophisticated thinking, medical practitioners ran *experiments* designed to test hypothesis about disease and apply them to real life cases.

Most ancient civilizations (4000 BC to 300 BC) did not examine the inside of human bodies, for “in ancient times, disease was thought to originate from evil spirits sent as punishment by the gods; to dismember or open a dead body would evoke the vengeance of the spirits.”<sup>98</sup> Therefore, doctors only obtained outward physical evidence of disease. They had to rely on description of symptoms by patients (medical history) and past experiences with disease. Doctors obtained rudimentary anatomy knowledge by examining the insides of hunted animals. Even the Egyptian priests, who created and participated in the mummification process did not make comments on human anatomy. Surprisingly, “the Egyptians derived flashes of insight from random deduction.”<sup>99</sup> They determined that the heart was the center of the blood supply, and they knew about arteries and veins. There was controversy over the function of the brain, as some Egyptian scholars believed that the source of thought was the brain, while others argued thoughts came from the heart and intestines. Most shocking, the Egyptians deduced that since some diseases are caused by visible parasites, it is possible that diseases with unknown causes may be the result of a parasite not visible to the naked eye. The Egyptians

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<sup>98</sup> Doby, T. and G. Alker. *Origins and Development of Medical Imaging*. Carbondale: Southern Illinois University Press, 1997.

<sup>99</sup> Doby, T. and G. Alker. *Origins and Development of Medical Imaging*. Carbondale: Southern Illinois University Press, 1997.

accurately described plague, rheumatism, tumors, skin and venereal disease, but had not developed rational cures – they relied heavily on superstition and magic to cure diseases.

The scholars of ancient Mesopotamia believed that disease was linked to heavenly bodies. Their science of astronomy was very well developed and they successfully predicted the seasons (flood and dry). They agreed that the liver was the center of the blood and soul.

Ancient Jewish medical traditions also did not allow for human dissection. Healing was God's job, while humans focused on prevention. Jewish doctors were the first to recognize the capacity for animal vectors of disease.

Ancient India emphasized anatomy and did allow occasional surgery. Their medicine was highly superstitious and relied heavily on "signs" (including the color of a messenger's clothing) to decide on specific cures.

Chinese medicine made use of the yin and yang principles of balance. They were the first to successfully inoculate against smallpox, although, following Confucius theory, the body was sacred, so they also did not practice dissection or surgery.

The ancient Greeks believed that the body was linked to the cosmos. They practiced humoral therapy, convinced that the body was composed of four humors. The humors were associated with the four elements: earth, air, water and fire. An imbalance of the humors created illness, or disharmony of elements. Such humoral theory still has relevance today, as certain alternative forms of therapy continue to discuss disharmony and imbalance. The Greeks were very rational, and combined theories of previous cultures into their new medicine. Their cures often had little to do with magic or

superstition, and they relied heavily on reason, common sense and observation. Greek theory influenced centuries of thought.

Aristotle made many statements about human health. He did anatomical studies from animals and inferred that human anatomy would be the same. Aristotle introduced physiognomy, the idea that outward appearance reflects inner experience.

Plato thought, “semen creates within a rational individual (both men and women) the animal within.”<sup>100</sup> The reproductive zygotes had a life of their own, according to Plato, and they create the desire for procreation. At the end of his book, *Timaeus*, Plato discusses animals and women as a lower caste. Within them exists an animal (the womb) that must be satisfied or it will destroy them. The womb wanders around the body, reeking havoc on any organ it displaces. Plato was one of the first to describe “the wandering womb” syndrome, which would reign as truth for centuries.

“The impossibility of the uterus’s making an unimpeded voyage throughout the body seems not to have occurred either to Plato or the Hippocratic writers, whose inaccurate observations of female anatomy were adopted by succeeding generations of Roman physicians.”<sup>101</sup>

Furthermore, scholars concluded that women’s bodies were wet by nature (their dominant humors being wet), and that a lack of moisture could harm the uterus. They noticed that older women (widows and spinsters) were more prone to disease, and concluded that a lack of sexual activity was also harmful to the womb. “Hippocratic texts strongly

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<sup>100</sup> Gilman, Sander L. *Disease and Reproduction: Images of Illness from Madness to AIDS*. Ithica: Cornell University Press, 1988.

<sup>101</sup> Dixon, Laurinda S. *Perilous Chastity: Women and Illness in Pre-Enlightenment Art and Medicine*. Ithica: Cornell University Press, 1995.



recommend marriage as the best cure for single women and condemned virginity as unnatural,”<sup>102</sup> firmly grounding chastity as dangerous to a woman’s health.

In the third century BC, Alexandria (part of the Egyptian and Greek Isle empire) rose as a major center for intellectual thought. Under Ptolemy and Ptolemy II, a large library was built, and the city thrived as a well-protected intellectual haven. Artists and scientists flocked to Alexandria from a variety of places, and Alexandria became a pluralistic society in thoughts and beliefs. At this time, Euclid made his discoveries in geometry and Archimedes in math. Previously, most cultures did not allow dissection or surgery, but in Alexandria, the doors were opened on both. In 290 BC, doctors were allowed to operate on criminals (alive and dead). Herophilus correctly described the ovaries, uterus, fallopian tubes and cervix. The brain was determined to be the center of thought and command, due to the fact that various nerves went from the brain to all parts of the body. Herophilus was also the first to open a human skull, for experimental purposes, and made huge discoveries about the nervous system, eyes and brain.

Erasistratus, another Alexandrian scholar postulated that organs, not humors were the origin of diseases, however, his theories were not widely accepted. The first anesthetic was also introduced at this time. Mandrake root taken at surgery, caused a temporary amnesia, so the patient had no memory of surgery. The Alexandrian empire fell into decline with Ptolemy III, as turmoil caused many scholars to leave.

“For the Greeks, disease could be gratuitous, or it could be deserved... With the advent of Christianity, which imposed more moralized notions of disease, as of anything else, a closer fit between disease and “victim” gradually evolved. The

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<sup>102</sup> Dixon, Laurinda S. *Perilous Chastity: Women and Illness in Pre-Enlightenment Art and Medicine*. Ithica: Cornell University Press, 1995.

idea of disease as punishment yielded the idea that a disease could be particularly appropriate and just punishment.”<sup>103</sup>

The Romans developed a “cure” for the wandering womb. Around 30 AD, Aulus Cornelius Celsus wrote the first “systematic treatise on medicine,”<sup>104</sup> and recommended using aromatherapy (coax womb back into place with sweet smells around lower half of body, and chase it away from upper half by inhaling sour or foul smells), exercise and bloodletting. Aretaeus of Cappadocia (81 – 138 AD) observed that mostly *young* women came down with hysteria (a new term for the wandering womb syndrome). He contradicted earlier statements that only older women contract the disease. He also observed, however, that men can be subject to hysteria (although he argued that men’s hysteria was unrelated to the womb). The medical community largely ignored this observation.

Soranus of Ephesus (98 – 138 AD) also made interesting observations on the wandering womb, which were subsequently ignored. His observations led him to reject the wandering womb theory. He preached that virginity was safer for women because of the dangers of childbirth, and that there was no such thing as the wandering womb. Interestingly, Galen (130 – 210 AD), whose writings became the basis for medieval and Renaissance medicine, also observed the stationary womb. Medical doctors accepted all of his other writings as truth, but rejected his statement that “we must consider totally preposterous the opinion of those who, by means of reasoning, make the womb into an

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<sup>103</sup> Sontag, Susan. *Illness as Metaphor*. New York: Farrar, Straus and Giroux, 1997.

<sup>104</sup> Dixon, Laurinda S. *Perilous Chastity: Women and Illness in Pre-Enlightenment Art and Medicine*. Ithica: Cornell University Press, 1995.

animal.”<sup>105</sup> Galen conducted experiments on animals to interpret human behavior. His research on the spinal cord led him to the theory that impulses came from the brain, not the heart. By cutting nerves to the heart, he observed that it stopped beating, and therefore could not be the center for impulses. He also observed that arteries contained blood, not air, as previously believed.

The years from 200 AD to 1450 AD were especially dark years for the history of medicine. Christianity ordered the destruction of all pagan monuments and almost wiped out the library at Alexandria in 390 AD. What was left of the library burned in 640 AD, when the Moslems took over Alexandria, as the scrolls did not agree with the teachings of the Koran. There were some bright moments, especially outside of Western Europe, as Arabic scholars in Baghdad developed a number system with a zero, in 780 AD. Replacing the roman numerals, complex mathematics could now be done. Alchemy, which led to the foundations of chemistry, was also practiced in the Arabic empires, although dissection was once again banned.

“Until the 11<sup>th</sup> century, medieval gynecological theory was based entirely on ancient Greek and Roman medical precepts.”<sup>106</sup>

The middle ages was not a time of original thought, rather, scholars studied old texts to gain new knowledge. In 11<sup>th</sup> century Italy, a short-lived pocket of original thinking emerged, as Greco-Roman tradition combined with Arabic medicine. Medieval gynecology was highly influenced by Christianity, especially the creation story and the

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<sup>105</sup> Dixon, Laurinda S. *Perilous Chastity: Women and Illness in Pre-Enlightenment Art and Medicine*. Ithica: Cornell University Press, 1995.

<sup>106</sup> Dixon, Laurinda S. *Perilous Chastity: Women and Illness in Pre-Enlightenment Art and Medicine*. Ithica: Cornell University Press, 1995.



distrust of Eve, ergo all female, for “innate corruption of the female (Eve) shows the potential for the corruption of the male.”<sup>107</sup> Medieval medical scholars wanted to believe in the wandering womb; (it gave them a reason to mistrust all females due to their anatomy), but Galen, their principle source, spoke against the wandering womb syndrome. Eventually, they came to selective beliefs, where some of Galen’s teachings were accepted.

“Such selective theorizing allowed medieval medicine to combine belief in the uterine origin of hysteria with elements of Christian morality and mysticism.”<sup>108</sup>

Women served a variety of roles in early medicine. The Greeks allowed women doctors, but excluded them after they began performing abortions. In the middle ages, women had a place as healers in convents. Monasteries were often sought out for medical help. Most educated women served in the church, as it provided a haven for them. In fact, one of the most important medical writers of the middle ages, Hildegard of Bingen (1098 – 1179), was a woman healer. The Council of Trent (1125) and the Lateran Council (1139) solidified women’s role in medicine, as the councils forbade monks to perform surgery. The surgical tasks, which were too dirty for monks hands, were passed to the women, who “became the providers of direct care – the treatment of wounds and infections, and the setting of bones.”<sup>109</sup> However, women could not be formally educated, so they were forced into the lower prestige roles as nurses.

Furthermore, to make sure women did not take the male occupations, medieval law

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<sup>107</sup> Gilman, Sander L. *Disease and Reproduction: Images of Illness from Madness to AIDS*. Ithica: Cornell University Press, 1988.

<sup>108</sup> Dixon, Laurinda S. *Perilous Chastity: Women and Illness in Pre-Enlightenment Art and Medicine*. Ithica: Cornell University Press, 1995.

<sup>109</sup> Driefus, Claudia. *Seizing our Bodies*. New York: Vintage Books, 1978.

created license rules, which required education of all doctors. Since women were denied education, they were also kept out of the doctor roles.

Incorrect anatomical beliefs persisted throughout the middle ages, as surgeries were still quite dangerous, and autopsy was not often allowed. Reproductive anatomy was fraught with incorrect diagrams, as scientists believed sperm generated in the testicles and traveled to the spinal cord to pick up “the universal seed stuff of mortals.”<sup>110</sup> In the female, the breasts were directly connected to the uterus, and “when conception happens the menses move instead to the breasts to form milk.”<sup>111</sup>

The Renaissance brought revolutions in many areas of science. Before the Renaissance, doctors did not “publish case histories as specimens of disease.”<sup>112</sup> The writings were very diagrammatic and did not generalize, making diagnosis of each patient difficult. New technologies such as the microscope, camera obscura, and printing press made the study and practice of medicine more scientific.

After his near-death experience with the plague in 1238, Emperor Fredrick II reinstituted public dissections. He was disgusted by his doctors’ lack of knowledge during his illness, and required that no surgeon could practice medicine without studying anatomy for one year. Painters and sculptors also got interested in anatomy, especially as the style in art changed from heavily cloaked medieval figures to nude or almost nude figures, reminiscent of ancient Greco-Roman art. Leonardo da Vinci (1452-1519), the

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<sup>110</sup> Gilman, Sander L. *Disease and Reproduction: Images of Illness from Madness to AIDS*. Ithica: Cornell University Press, 1988.

<sup>111</sup> Gilman, Sander L. *Disease and Reproduction: Images of Illness from Madness to AIDS*. Ithica: Cornell University Press, 1988.

<sup>112</sup> Pickstone, John V. *Ways of Knowing: A New History of Science, Technology and Medicine*. Chicago: The University of Chicago Press, 2000.

most talented artist of the period, was initially ignorant of medical literature. Untainted by false beliefs, he observed and made discoveries based on what he saw, not what he believed. He performed over 30 untraditional dissections. His untraditional acts included using gloves and a magnifying glass during dissection, cutting cross-sections through bones, and filling the cranial cavity with wax, so he could remove the skull and see how the brain was formed. His drawings were very accurate and some of the accompanying descriptions are still considered correct.

Despite such forward thinkers as Leonardo, the Renaissance scholars continued to hold to notions of the wandering womb, or hysteria. Ambrose Paré (1517 – 1590) noticed that hysteria (strangulation or wandering of the womb), “seemed to occur more often in upper-class women, whereas maids that live in the country are not so troubled with this disease, because there is no such lying in wait for their maiden-heads, and also they live sparingly and hardily, and spend their time in continual labor.”<sup>113</sup>

The ancient Greeks *introduced* the idea of the wandering womb, the ancient Romans allowed that it could affect *all* women (young or old), while the Renaissance introduced class onto the disease – it only affected upper-class women. This sort of trend would have ramifications later, as the wandering womb theory was gradually replaced by a new disease – endometriosis. As I will explore in the first section, endometriosis is often surrounded by myths about class, age, etc, which can be traced back to earlier myths about the wandering womb. In the 1500’s, Paré continued that the disease could be caused by virginity and claimed that the dangers of virginity included hysteria and loss of femininity. He recommended marriage and sexual activity as a cure. The Renaissance

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<sup>113</sup> Dixon, Laurinda S. *Perilous Chastity: Women and Illness in Pre-Enlightenment Art and Medicine*. Ithica: Cornell University Press, 1995.



cleared women of one superstitious belief: it acknowledged that women were not possessed by demons, and that disease, especially hysteria, could and did have organic causes.

Until the 17<sup>th</sup> century, the womb was thought to look like the inverse of male genitalia, or like a round vessel or bottle. All the female anatomy was part of one organ, so as the womb wandered around the body, the vagina stretched to accommodate its motions. Around the 17<sup>th</sup> century there was a drastic increase in the interest of women's health issues. From 1650 to 1696 at the University of Leiden, thirty-one medical dissertations were written on *furor uterinus*, the new technical term for the wandering womb. This is significant, as many more doctors existed who did not complete their dissertations. The period also corresponds with the appearance of the lovesick maiden theme the works of painters.

Robert Burton, in the early 17<sup>th</sup> century "attributed the varied symptoms of maids', nuns' and widows' melancholy to a misplaced uterus and spoiled menstrual blood poisoning the body by means of noxious vapors."<sup>114</sup>

The theory of the body controlled by humors was decreasing in popularity by the 17<sup>th</sup> century. Scientists considered the body as a machine - mechanist theory. In 1666, Thomas Willis wrote about the womb as a stationary organ. 1667 brought the experiments of Jan Swammerdam, who filled the uterus with wax to show the actual structure. The old theories gradually gave way to new science, and the theory on the inferiority of women (due their wandering wombs, the uncontrollable inner animal) gradually faded.

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<sup>114</sup> Dixon, Laurinda S. *Perilous Chastity: Women and Illness in Pre-Enlightenment Art and Medicine*. Ithica: Cornell University Press, 1995.

Many situations for women were changing in the 17<sup>th</sup> century. As the land-based feudal system gave way to more modern cities, people moved away from the country. City life meant that women had fewer chores. They used to run the house and farm – the family was almost totally self-sufficient - while there were not as many tasks in the city. Also, as the Protestant Reformation gained headway on the Catholic Church, thoughts on the purpose of sex changed from only procreation, to a natural and encouraged act between husband and wife.

“Men of the 17<sup>th</sup> century had strong motives for seeking to control women by the weight of medical authority and physicians tended to champion causal and curative theories that justified and reinforced the social mandates of their times.”<sup>115</sup>

“The medical system continually expands its definition of sickness to embrace more and more forms of social deviance,”<sup>116</sup> and as the church went out of style and the law lost ground, medicine picked up sin, psychological disorders, alcoholism, etc.

The medical field in particular, was threatened by female presence; the 17<sup>th</sup> century brought the first male midwives into practice. At the time, female midwives feared persecution as witches, so male surgeons became midwives as well. The female midwives had a right to be scared. Nine million people were executed in the witch-hunts between 1479 and 1735. Most were women, and many were healers or midwives. The Church dictated that if a woman could heal without studying, she must be a witch. The women used herbal remedies and other things not sanctified by the church or state. Midwives were also unlicensed, and they treated the poor, defying the church's doctrine

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<sup>115</sup> Dixon, Laurinda S. *Perilous Chastity: Women and Illness in Pre-Enlightenment Art and Medicine*. Ithica: Cornell University Press, 1995.

<sup>116</sup> Ehrenreich, Barbara and John. *Medicine and Social Control*. 1978.

that “suffering on this earth brings rewards in the hereafter.”<sup>117</sup> The witch-hunts were a huge detriment to women as physicians, as it was physically dangerous to practice, and they were not allowed to study. The new male midwives brought the use of forceps at birth, (introduced in 1588 by Peter Chamberlain, but kept secret until the 17<sup>th</sup> century). The introduction of forceps into the field saved lives, and since female midwives did not know how to use forceps, many female midwives were displaced. Unfortunately, many birthing women also died from the excessive instrument (infection risk) and drug use advocated and prescribed by the new male midwives.

Before the Revolutionary War in the United States, most of the American healers were women. However, after the war ended, many men, who had learned by necessity how to be doctors and surgeons in the field, decided to open private practices. Like the medieval lawmakers, Americans instituted license rules, to exclude women from practicing medicine.

In France, after the French Revolution, power was overturned and the doctors wrestled control of the hospitals away from the Church. Wars in Europe created huge needs for doctors, and the School of Medicine was established in Paris, however, women were excluded from studying.

Before the 18<sup>th</sup> century, a hierarchical model of biology was in favor, featuring the white male at the top. Men and women were not so different; women were seen as underdeveloped men. The 18<sup>th</sup> century revolutionized biology, and soon a comparative biology replaced the hierarchical model. Without a *scientific* reason for men to fill the highest level of occupations, a new reason had to be concocted. How could society

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<sup>117</sup> Driefus, Claudia. *Seizing our Bodies*. New York: Vintage Books, 1978.



account for women's new freedoms after the Industrial Revolution and still keep the status quo?

The answer came in the 19<sup>th</sup> century, when

“physicians and scientists employed a number of medical and biological justificatory arguments in attempts to confine middle and upper-class women to newly bounded domestic, childbearing and rearing domains, and to prevent them from entering expanded economic and civil worlds outside their homes.”<sup>118</sup>

Victorian science needed to prove women's inferiority. The power of religion, which traditionally held women as inferior since Eve's original sin (and that Eve was made from Adam and given to him), was decreasing after the Industrial Revolution. Medicine could provide an argument about women, and needed one to keep women as patients and as doctors's wives, who maintained their homes.

Anthropology posited that women and men evolved at different rates, since well-developed societies have different spheres for men and women. Therefore, if women worked as men did, it would mean a regression to “savage” societies. “If women were equal, there would be some societies where they ruled...”<sup>119</sup> was the argument of the day.

“During the 19<sup>th</sup> century, economic and social forces at work within Western Europe and the United States began to compromise traditional social roles. Some women began to question their constricted place in society.”<sup>120</sup>

By creating an argument based on their anatomy, men could keep their place in society without worrying that their argument could be overturned. So women were told to stay in

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<sup>118</sup> Clark, Adele E. *Women's Health: Life Cycle Issues*, 1990.

<sup>119</sup> Dally, Ann. *Women under the Knife: A History of Surgery*. New York: Routledge, 1991.

<sup>120</sup> Rosenberg, Charles and Smith-Rosenberg Carroll. *The Female Animal: Medical and Biological Views of Woman and Her Role in Nineteenth-Century America*. 1984.

the home, as their fragile natures, due to an upsettable uterus, would not allow an education. Emphasis the ovaries and uterus also produced the idea that all or nearly all illness or dysfunction in women stemmed from the organs. Therefore, since all women have ovaries and uterus, all women are always sick. It was a circular argument, but in the 19<sup>th</sup> century, many Victorian women accepted it, perpetuating the theory that women had inferior constitutions which exists to this day.

Physicians observed that women were more frail, delicate, sensitive and smaller than men. Their nervous systems were thought to be “more irritable.” Doctors used the “reflex irritation model” to explain how irritations to the reproductive system generated illness elsewhere. Motherhood was thought to be woman’s natural state; refusing to have children (or not being able to) was clearly pathological, furthermore “women’s physiology and anatomy, physicians habitually argued, oriented her toward an inner view of herself and her worldly sphere.”<sup>121</sup> Naturally, women should remain in the home. Women had childlike tendencies and could not control themselves, so men were told to make decisions without their wives and to treat them like children.

“When the belief structure of the physician is threatened, even in fields outside medicine, he often uses his medical expertise to justify his prejudices and in response strikes back with value-laden responses with have nothing to do with scientific medicine.”<sup>122</sup>

The Victorian ideas about women were not new. Women had always been judged by their anatomy and ruled by their biology.

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<sup>121</sup> Rosenberg, Charles and Smith-Rosenberg Carroll. *The Female Animal: Medical and Biological Views of Woman and Her Role in Nineteenth-Century America*. 1984.

<sup>122</sup> Bullough, Vern and Voght, Martha. *Women, Menstruation and Nineteenth-Century Medicine*. 1984.

Interestingly, the rules of work were very conditional. Only intellectual work was barred from women. Manual labor actually improved the health of women, doctors reasoned. This duality can be explained in the class system of the 19<sup>th</sup> century. Poor women had to work in the factories, fields, household chores, etc. The poor women were overworked by an abundance of manual labor. Rich women, however, had the opposite problem. With the move to the city, and disposable wealth allowing her freedom from the factories and fields, the rich woman had nothing to do. Rich “women could not be employed if the status of the family was regarded as important. Increasingly, women had to be seen to remain in the domestic sphere.”<sup>123</sup> So women were allowed to do the chores – it was good for them - but kept from books. In fact, a medical journal of the time justifies allowing women to do chores: “ ‘many women have a great aptitude for routine duties, which men find so irksome...’ Victorian men regarded it as part of nature that women should do chores and liked to think that they were especially adapted for this.”<sup>124</sup>

In addition to threatening the balance of power in the domestic sphere, women threatened the professional position of the doctor. Traditionally, women were healers, but in the 18<sup>th</sup> and 19<sup>th</sup> centuries, organized, *professional* medicine switched to mostly male practitioners. Before the 18<sup>th</sup> century, medicine was not a prestigious profession, but by the nineteenth century interest in scientific study greatly increased, raising the status of doctors. Doctors managed to mystify what was previously clear to patients, and in the process raised their own status to miracle makers.

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<sup>123</sup> Dally, Ann. *Women under the Knife: A History of Surgery*. New York: Routledge, 1991.

<sup>124</sup> Dally, Ann. *Women under the Knife: A History of Surgery*. New York: Routledge, 1991.



I challenge the mystification of medicine in my art pieces, by encouraging viewers to write their own medical histories and cures. The fortune cookie pieces, *Pill Swallow* video and empty medical books, for example, allow for an individual interpretation of medicine and cures. By exploring the role of both doctor and patient (and exerting the possibility of being both simultaneously, as in *Egg Toss*, *Pill Swallow* and *Body Stamp series*), I challenge the professionalization of medicine and encourage patients to take an active role in their health care needs.

“One of the most marked features of the organization of the doctor into a profession was the exclusion of women and the insistence that they would participate only in subservient tasks. Professionalism in medicine was institutionalized as a male upper-class monopoly.”<sup>125</sup>

At the same time, doctors expanded the services they offered, and began to specialize. A decrease in the total number of doctors also inflated the status of the doctor, and “the expanding public dependency on the medical system was a dependency on white, upper-class males.”<sup>126</sup>

To keep women at home, doctors argued that women should not attempt to get an education. Before the Victorian period, Benjamin Rush (late 1700’s) argued for women’s education, as an educated women could better serve her family: as teacher for her sons, and an obedient wife, since she could *understand* her husbands rules. Rousseau made a similar comment that “the education of women ought to be relative to men – to please them, to be useful to them.” By the 1870’s women’s education was under attack. Physicians stated that women had a period of growth at puberty and exercise of the mind

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<sup>125</sup> Dally, Ann. *Women under the Knife: A History of Surgery*. New York: Routledge, 1991.

<sup>126</sup> Ehrenreich, Barbara and John. *Medicine and Social Control*. 1978.

at the same time would lead to physical frailty and infertility. Referring to ancient philosophies on the conservation of energy – “the body was a closed system possessing only a limited amount of vital force; energy expended in one area was necessarily removed from another”<sup>127</sup> – physicians like Edward Clark thought that women’s education would physically threaten her reproductive capacity. Women should concentrate their energy inward. They were governed by their reproductive organs – their *raison d’être*. Napoleon claimed “nature intended women to be our (men’s) slaves... they are our property... women are nothing but machines for producing children.” Academic studies tried to prove that educated women were not as healthy as those that remained at home, however, many findings indicated that there was no marked change in the general health of women before and after college.

Finally, a powerful argument was made that women threatened the future of nations by ruining their bodies with education, another stereotype that persist to this day, as women with endo are often blamed for causing their condition by delaying motherhood for the pursuit of a career. If women continued to educate themselves at the risk of their bodies, future generations would be at risk, for it was felt that traits were passed – like a disease. If the mother was nervous, the children will be nervous and undernourished, etc. Victorian medicine had not yet learned of DNA, but they felt that feeble future children were not just bad for the family or the mother; they were bad for society as a whole.

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<sup>127</sup> Rosenberg, Charles and Smith-Rosenberg Carroll. *The Female Animal: Medical and Biological Views of Woman and Her Role in Nineteenth-Century America*. 1984.

“The late 19<sup>th</sup> century was an era of contention over female sexuality, physiology, health, dress and exercise, and one in which medical opinion had become an authoritative sector of public opinion.”<sup>128</sup>

Before the 17<sup>th</sup> century, and especially during the witch-hunts, women were believed to be more lustful and carnal than men. Witches were especially lustful, as they were believed to be possessed by the devil. Between the 17<sup>th</sup> and 19<sup>th</sup> centuries, belief about women’s sexuality gradually shifted, and Victorian women were reserved and repressed. There seem to have been two conflicting ideologies operating in the Victorian era. The first is the belief that women have no sexual desires (popularized by period literature). Yet there was also an undercurrent claiming that if a woman was single, she had to express her sexual desires in other ways: exercise, household duties, etc. Again, the belief of the unsatisfied womb surfaces in Victorian times. Some doctors even seemed to believe women had such a powerful sex drive that it was pathological (evident in the concern over masturbation, which led in some cases to clitorrectomy). Since most medical literature was written about women by men, it is difficult to decide which view was accurate at the time. Passionlessness and extreme modesty seems to have been most popular for Victorian women. Keith Thomas suggests that “the idea of passionlessness emerged in the context as an extension of the ideal of chastity needed to protect men’s property rights in women; it was a reification in “nature” of the double standard.”<sup>129</sup>

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<sup>128</sup> Cott, Nancy. *Passionless: An Interpretation of Victorian Sexual Ideology, 1790 – 1850*. 1984.

<sup>129</sup> Cott, Nancy. *Passionless: An Interpretation of Victorian Sexual Ideology, 1790 – 1850*. 1984.



Victorian modesty impeded the progress of gynecology because it made pelvic exams impossible. Some Victorian doctors (British and American) actually refused to do pelvic exams, and although the French had speculums, they were rarely used.

“As Victorian prudery reached its peak at mid-century, the importance of coming to terms with female modesty became increasingly apparent. Middle and upper-class women often declined to consult physicians for gynecologic problems except in extreme cases. Even when they overcame their misgivings and sought professional services, it was difficult for doctors to get a proper history – the embarrassment of discussing her bodily functions being too much for the woman of refinement to bear.”<sup>130</sup>

The solution to preserve Victorian modesty was, of course, to allow women gynecologists, and some flourished for this reason. However, women grew out of their modesty, often out of necessity and the practice of gynecology advanced.

“The idea that women are sick simply because they are women has a long history, but it become prominent only in the 19<sup>th</sup> century. Aristotle wrote that woman is a ‘misbegotten male.’”<sup>131</sup>

In the 1850’s, women were regarded as sickly. Because they were governed wholly by their anatomy, and the uterus is prone to nervous fits, women are in a constant state of ill-health, and “sickness became so stylish among upper-class women that it is hard to say where the sick role ended and the approved social role of women began.”<sup>132</sup>

“The new disease was hysteria, which in many ways epitomized the cult of female invalidism. It affected upper and upper-middle class women almost exclusively; it had no discernable organic basis; and it was totally resistant to medical treatment... With hysteria the cult of female invalidism was carried to its logical conclusion. Society had assigned affluent women to a life of confinement and inactivity, and medicine had justified this assignment by describing women as

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<sup>130</sup> Dally, Ann. *Women under the Knife: A History of Surgery*. New York: Routledge, 1991.

<sup>131</sup> Dally, Ann. *Women under the Knife: A History of Surgery*. New York: Routledge, 1991.

<sup>132</sup> Ehrenreich, Barbara and John. *Medicine and Social Control*. 1978.

innately sick. In the epidemic of hysteria, women were both accepting their inherent sickness and finding a way to rebel against an intolerable social role. Sickness having become a way of life, became a way of rebellion, and medical treatment which had always had strong overtones of coercion revealed itself as frankly and brutally repressive.”<sup>133</sup>

Women accepted their fate as sick, as it afforded them some sense of power.

With sickness, they had an excuse to refuse their husbands. In a time when pregnancy and childbirth could indeed be viewed as an illness (women’s likelihood of dying from complications of pregnancy and childbirth were frighteningly high), faking sickness was a foolproof method of birth control. Having imposed sickness on their wives as a way to keep them in the home, men had their powers turned on them when their wives used their “sickness” as a way to get out of sex, chores, and housework. Feminists often portray women as passive victims, but Victorian women should not always be seen as the victims, and men as the oppressors. Relationships then, as now, were far more subtle.

By determining what is sick, medicine exerts enormous social control.

“The doctor’s view of women as innately sick did not of course make them sick, or delicate or idle. But it did provide a powerful rationale against allowing women to act in any other way.”<sup>134</sup>

By encouraging female frailty, doctors were assured a good living by creating a need for themselves (with wealthy and plentiful patients) and keeping women from competing as healers.

“There can be no question that medicine operated as a key agency in the social control of women – enforcing passivity and a childlike dependence on men, particularly doctors and on the husbands who paid the bills... But medical theory provided a scientific justification for their dependency and medical practice

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<sup>133</sup> Driefus, Claudia. *Seizing our Bodies*. New York: Vintage Books, 1978.

<sup>134</sup> Ehrenreich, Barbara and English, Deirdre. *The Sick Women of the Upper Classes*. 1978.

served, in effect, as an intimate surveillance system – ready to detect female discontent when it was still at the stage of nerves or hysteria and intervene at once with a regimen for recovery.”<sup>135</sup>

Feminists are quick to point out that the treatment of women is patriarchal.

Nineteenth century Victorian medicine was not a conspiracy or a conscious thought on the part of the doctors, but the way it was set up makes it impossibly patriarchal.

Whenever one group (of males) is in the powerful situation to effect enormous control over another group (women), as was true with Victorian medicine’s abundance of male doctors diagnosing, defining, and treating female patients, the system is innately patriarchal. “What is the impact of a system which throws women, blacks and working class people into intimate and complete dependency on white, male, upper-class doctors?”<sup>136</sup> Problems like dependency (which can be solved with a more balanced doctor-patient power relationship), and professionalism (medicine becomes a secret, mysterious, monopoly) were bound to develop in Victorian medicine.

With the advent of anesthesia, doctors and patients could get around the Victorian modesty. A woman need not feel embarrassed to lie bare in front of her doctor, as unconsciousness prevents embarrassment. Once doctors and patients got by the Victorian modesty, “the 19<sup>th</sup> century was a time of great advances in gynecological surgery and the treatment of other disorders of the sexual organs of women, yet such innovations in treatment were not always motivated by the highest ideals.”<sup>137</sup> One of the first body cavities explored was the abdomen (far safer than the chest or cranium), so women were

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<sup>135</sup> Ehrenreich, Barbara and John. *Medicine and Social Control*. 1978.

<sup>136</sup> Ehrenreich, John. *The Cultural Crisis of Modern Medicine*. New York: Monthly Review Press, 1978.

<sup>137</sup> Sahli, Nancy. *Sexuality and Women’s Sexual Nature*. 1990.



perfect patients. My piece, *Cut Lines*, explores contemporary allopathic doctors' reliance on surgery as a primary means of treatment. In 1994, 556,000 women had hysterectomies, a staggering number of female abdominal cavity surgeries. In America between the Revolutionary and Civil Wars, surgeons in the south practiced on slaves. The slaves had gynecological problems that incapacitated them, so they became test subjects for surgeons. The women often went willingly, and desperate for any relief, they were happy to comply with the surgeon's requests. The complications from poor living and birthing conditions made relief, even a surgical one, desirable.

Dr. James Marion Sims (1813-1883) was one such gynecological surgeon. As a young doctor, he was confronted by fistulas in many women patients. When these women gave birth, as a result of poor living conditions, lack of midwives, or ill health, the labor was often prolonged. As the baby's head put pressure on an area for a long enough time, the circulation was cut off from the tissues. The tissue developed gangrene and eventually dissolved, leaving the women with a gaping hole that constantly leaked urine. The women lived miserable lives, as their friends and family often would ostracize them.

"The misery caused by the condition, its permanence and the fact that it was not fatal in itself doubtless meant that there was no shortage of human guinea pigs. When people are desperate and their lives made intolerable, they will endure almost anything that offers even remote hope."<sup>138</sup>

In my own experience with endometriosis, I have found that I am also willing to try any treatment to relieve the pain. I often feel I am getting nowhere (expressed in the pieces *Hi, Lo* (where the running/rolling cycle continues without any visible result or conclusion), or *Moonlight* (where the practicing of the piano never improves the finished

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<sup>138</sup> Dally, Ann. *Women under the Knife: A History of Surgery*. New York: Routledge, 1991.

musical piece – the musician never gets beyond the first stanza). In an effort to heal myself, I have made pieces like *Pill Swallow* to create my own medical routine combining aspects of many forms of healing.

In the 1800's, at the request of the desperate women, Dr. Sims began experimenting with surgical and non-surgical techniques. Most of the early surgeries were performed without anesthesia, but the women were desperate for a cure. One slave endured thirty surgeries before Dr. Sims was able to close the fistula. Sims is often touted as the “father of gynecology” or criticized as “a ruthless surgeon who did not care for women.” He made many discoveries that advanced the field of medicine, even though he often did it at the cost of experimenting on poor, desperate, slave women.

The study of pain in the Victorian period also yields some interesting findings, for “until the late 19<sup>th</sup> century, in every household at any time, there was likely to be one person in severe pain, even if it was only from a toothache.”<sup>139</sup> People of the Victorian era were used to suffering, and interestingly, their attitudes about women (that they were closer to animals than men), led doctors to conclude that women felt pain less severely than men. “Pain is one of the medical mysteries of the period. There was so much of it with so little relief. It was all around, and of great concern to many, but no one seems to have applied his mind to the problem.”<sup>140</sup>

Today, pain is understood in two capacities. Acute pain is the body's warning signal that something is wrong. It is natural, and goes away when the source disappears. Chronic pain is a misfiring of the nerves. Initially, chronic pain may have had an acute

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<sup>139</sup> Dally, Ann. *Women under the Knife: A History of Surgery*. New York: Routledge, 1991.

<sup>140</sup> Dally, Ann. *Women under the Knife: A History of Surgery*. New York: Routledge, 1991.

source, but when the source disappears, the pain continues. Historically pain was understood “as a symptom of underlying disease: treat the illness and the pain takes care of itself. Yet the experience of patients shows chronic pain often outlasts its original causes, worsens over time, and takes a puzzling life of its own.”<sup>141</sup> Dr. Daniel Carr compares chronic pain to water damage to a house – “if it goes on long enough, the house will collapse.” I am very interested in chronic pain and its effects on the psyche. Many of my pieces address psychological issues common to all those suffering from chronic illnesses. Since patients with the same disease do not all exhibit chronic pain, it becomes very difficult to recognize. Chronic pain occurs in an individual who is otherwise healthy – sometimes, there are no outward signs of why the pain continues, everything is intact. Also, chronic pain tends to increase, as “the body’s pain system is plastic, meaning it can be molded to cause more pain.”<sup>142</sup> Sadly, medicine falls far short of its goals in treating and curing chronic pain in men and women. Migraines, arthritis, backaches, etc. have underdeveloped and often unsuccessful long-term treatments/cures. Occasionally discoveries are made, like that depression and pain “share the same neural circuitry”<sup>143</sup> and can sometimes be treated with anti-depressants, but not much progress has been made since the Victorian era.

“The subject and practice of gynecology, like the subject and practice of medical history, developed during the second half of the 19<sup>th</sup> century, the very period of maximum prejudice against women, when attitudes toward them were at their most bizarre in a

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<sup>141</sup> Thernstrom, Melanie. *Life without Pain*. Reader’s Digest. December 2003, pages 128-133.

<sup>142</sup> Thernstrom, Melanie. *Life without Pain*. Reader’s Digest. December 2003, pages 128-133.

<sup>143</sup> Thernstrom, Melanie. *Life without Pain*. Reader’s Digest. December 2003, pages 128-133.



curious mixture of contempt and idealization”<sup>144</sup> resulting in women being abused as patients and guinea pigs and the health of the poor totally ignored. Medical opinion was used to support stereotypes of women, especially that they were innately sick, and “science was distorted to justify beliefs.”<sup>145</sup> The practice of gynecology was also in crisis in the 19<sup>th</sup> century. Science had proven many old beliefs (like the wandering womb) were incorrect, but it had not come up with new, reasonable ones to replace them. Doctors were advanced enough to know that the old methods did not work, but not advanced enough to have other options. Doctors often took comfort in out-dated theories because there was nothing else.

“This natural conservatism resulted in much unnecessary suffering. Yet to attribute such behavior to “veiled hostility” rather than to the imperfections of a premodern discipline which hardly meets the adjective “scientific” is surely misguided.”<sup>146</sup>

Doctors rarely harmed their patients knowingly, rather they used antiquated methods because they knew no better.

The 19<sup>th</sup> century saw great changes in medicine. It was moving to a more scientific approach (experimentation and analysis) and putting more of an emphasis on experimentation than old master works, but change is usually slow. The history of medicine is not just a “series of scientific breakthroughs leading to treatments which conquered one disease after another”<sup>147</sup> Treatments are often wrong, are not accepted, or diseases turn out to be something other than expected, or disappear before a cure is

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<sup>144</sup> Dally, Ann. *Women under the Knife: A History of Surgery*. New York: Routledge, 1991.

<sup>145</sup> Dally, Ann. *Women under the Knife: A History of Surgery*. New York: Routledge, 1991.

<sup>146</sup> Morantz, Regina Markell. *The Perils of Feminist History*. 1984.

<sup>147</sup> Morantz, Regina Markell. *The Perils of Feminist History*. 1984.

found. Medicine is not always cut and dry, cause and effect. Often it takes a convoluted path to reach its goal.

The Victorian period is fascinating for historians. Woman's role was in constant turmoil as "her image was shot through contradictions: Guardian of the race, yet wholly subject to male authority; preserver of civilization, religion and culture, yet considered intellectually inferior; the primary socializer of her children, yet with no more real responsibility and dignity than a child herself. Woman was inevitably tortured (and in a sense freed) by the (subtle) ambiguities of her position."<sup>148</sup> Within those ambiguities lay ground for defining herself and power over her domestic situation.

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<sup>148</sup> Morantz, Regina Markell. *The Perils of Feminist History*. 1984.

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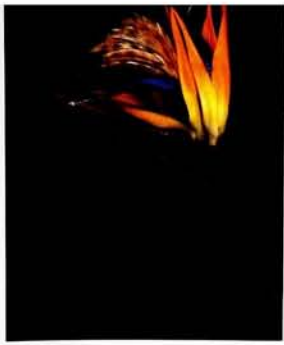
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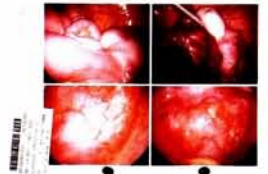
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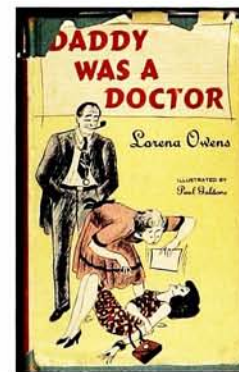


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